TO HO.

AL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed death. Fage 4 may be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete; filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any fivent, within 72 hours atterdeath.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

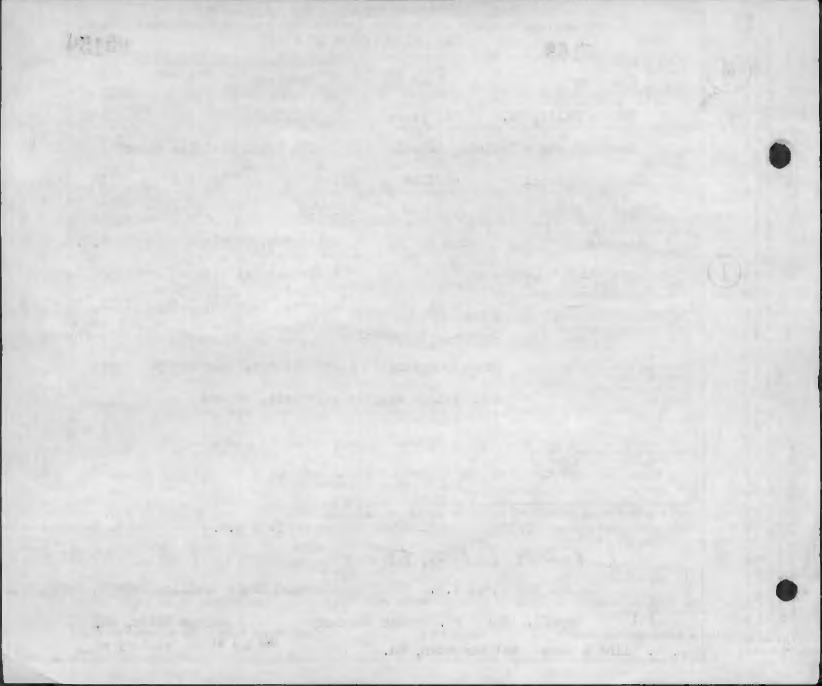
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

65158

N OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN

. 1	e. COUNTY Baltimore	MARYLAND	a. STATE Marylan	b. COUNTY	baltimore			
) -	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	b c, CITY OR TOWN (II outside corperete limits, write RURAL and give neerest town)					
/	Fort Howard	16 Days	Baltimo	re				
	d. NAME OF HOSPITAL OR INSTITUTION IT not		d. STREET ADORESS	-	. IS RESIDENCE			
1	Veterans Administrati		3701 01	d North Point R	load (22) YES T NO IX			
3.	NAME OF First	Middle	Last O3	4. DATE Month	Day Year			
	DECEASED			OF				
-	WITTON		ALEXANDER	Mety	21 19 61 UNDER 1 YEAR LIE UNGER 24 HRS.			
3,	SEX 6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF U	onths Deys Hours Min.			
	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		May 25, 1926	34 yrs.				
10 d	De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Truck Driver	Trucking	Frederick C	City, Maryland	U. S. A.			
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN N	VAME				
	Franklin B. Alexander		Marian E. W	Ji lhide				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	-0			
{X	(es, no, or unkown) (lifyesgivewerordelesofservic	219-12-0994 Cli	nical Records	, VAH, Baltimore				
-	YES WW II			FORT HOWA	RD DIVISION			
	PART L DEATH WAS CAUSED BY-				ONSET AND DEATH			
	IMMEDIATE CAUSE (6) BRONCHOPNEUMONIA RECENT							
	THE PARTY OF THE P							
	101							
	(e), stelling the underlying DUE TO	geve rise to immediate cause DUFTO						
	ceuse lest. (c)							
NO.	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	N PART II 19. WAS AUTOPSY PERFORMED?			
1 S					YES NO			
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [201	DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in P	ert I or Part II of item 18.)				
- H	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
AL	20c, TIME OF INJURY Month, Cey, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	, 201. (City or town)	(County) (Stere)			
MEDICAL	Hour e.m.	While Not While fech	rory, street, office bldg., etc.)		3			
×		et work et work		1				
	21. 1 certify that (4) (this hospital) attended the deceased from May 5 10/49 61 10/48y 21 1961, that (4) (we) last							
	saw the deceased alive on May 2	1961 , and that	death occured at	.M. from the causes and	on the date stated above.			
	22a. SIGNATURE		I ATTENDING M	LED. STAFF	22b. DATE			
	The way to	alan / M		RECTOR PHYS.	5/22/6			
	22c. PHYSICIAN'S		22d. ACORESS					
	THOMAS F. CRAHAN		VAH, BALTIN	MORE 18, MD. FOR	T HOWARD DIVISIO			
23	6. BURIAL, CREMATION 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	238 LOCATION (City, lown o	r county) (State)			
	REMOVAL (Specify) 5-24-6	Kevsville I	Union Cemeter	y Keymar, Maryl	land			
-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		O BY REGISTRAR 256. REGISTI				
	John H. Skeller							
IC.	.O. Fuss & Sons Tarne	eytown, Maryland	DATE MA	AY 24 '61 Cintl	hur S. Kanera			

86180 P 70 MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

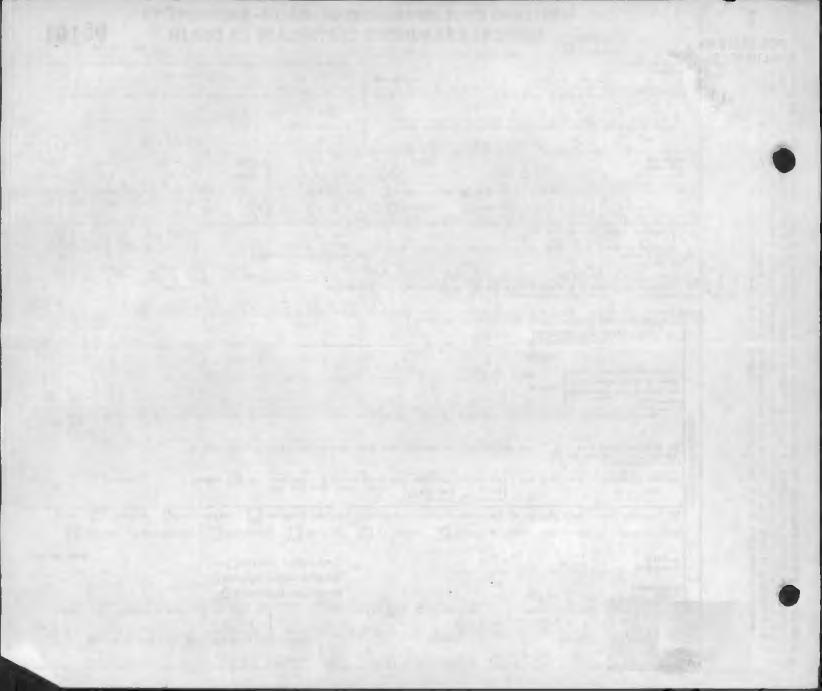
TO DE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any down is necessary please exect to certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 ta the placetor. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be recent for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard of Health, at its designated agent, prior to buriol, crematian, ar removal, and in any event within 72 hours after death M

VS ATSME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		11	5	1	6	1
Per	Dist	N	-	å.	V	-0

1,	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE /// A K / (A N) b COUNTY /2 41/7/0	e admission)
i-w	b. CITY OR TOWN (II authide carporate limits, write EUFAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	est town)
	13ALTO 6 - OVERIER	BALTO 6-OVEREIN	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 52 LYNDAIC AVC.	50 h 000 011-11	ON A FARMS
3	NAME OF OFCEASED (Type or print) ELISH Middle ANT	CNEIL OF DEATH Month Day	Year 19 6 /
5.	SEX 6. COLOR OR RACE 7. MARRIED NIEVER MARRIED 0 8.	I have been a second process of the second proces of the second process of the second process of the second pr	UNDER 24 HRS
Ti	On USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST		VHAT COUNTRY
	during most of working life, even if retired) HOUSEWIFE	ITALU ITA	1.11
1	FATHER'S NAME	THE MOTHER'S MAIDEN NAME	~7
	GENNARONE CARFAGNA	Theresa PATOTE	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	
,		MENICO A. ANTONElli S	same
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL	BETWEEN NO DEATH
	PART 1. DEATH WAS CAUSED BY: CERCLE CIC. CL		K
	147V DUETO C		
	Conditions. If any, which) (b) Canalist dail	ine	
	gove rise to immediate cause (a), stating the underlying DUE TO	Candia Vandas Disere in	6.44
	couse last. (c) 1-14 per 7 1 30 serve		6×=64
É		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. Y	PERFORMED?
12	conema	YES	D NO BY
CEPTIFICA		nter nature of injury in Port 1 or Part (1 of Hem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC White Nat while facto at work at work	E OF INJURY (Home, farm, 20f. (City or fown) (Caunty) ry, street, office bldg., etc.)	(State)
	21. I certify that I took charge of the remains described above	re, held an Autapsy [], Inspection []. Inquiry [X],	and in my
	apinion death resulted fram: Natural causes 🔀 Accident], Suicide [], Hamicide [], Undetermined manner	
	ACTUAL OF HEALT	D	ATE SIGNED
	SIGNATURE TO WAR CONTINUES	M.D. CHIEF MEDICAL EXAMINER	ALL SIMILED
	EXAMINET'S NAME (Type) IS OHIN & HYLE	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D	1-61
7.	G. BURIAL, CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, lown, or county)	(State)
1	34RIA 1 3/22/61 HOLY RED	eemer BALTIMORE	Mid.
2;	EMNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
12	1. J. Kuck 5305 HARFORD	Rd. DATELAY 29 161 Chillian & Kraus	



STATE

TO DELOY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the luneral director, Page please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the luneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Theath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

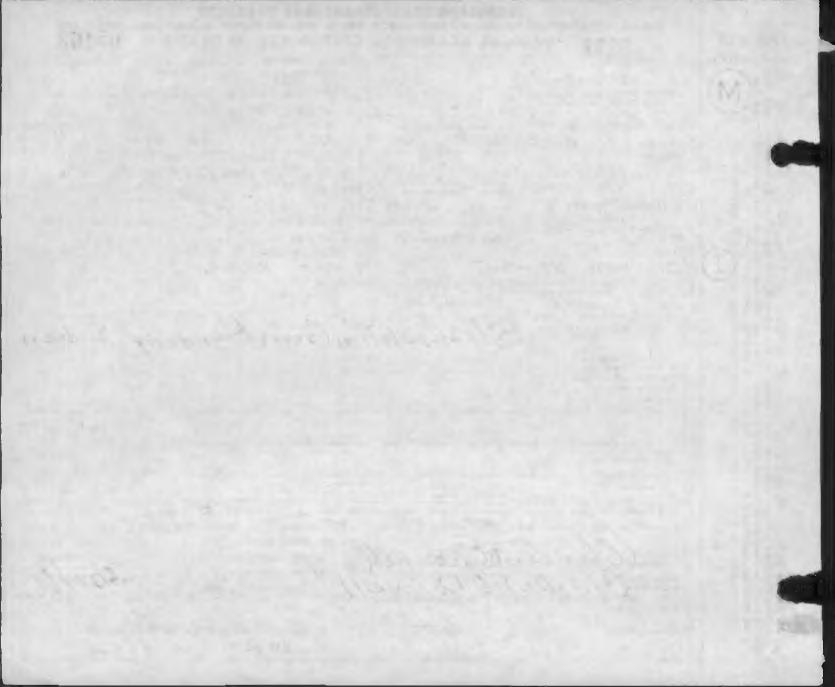
5M 7/59

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINED'S CERTIFICATE OF DEATH 15162.

	0.70.0
1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. STATE OHIO b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give inserest lawn)
10W5011 71RS. Z3no	PORTS MOUTH 7-X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) SHEPPARD & ENOCH PRATT HOSP.	1107 RUHLMAN AVE. ON A FARM?
3. NAME OF DECEASED (Type or print) MARY ALICE VINCENT	ARGANBUGHT DEATH MAY 21 1961
5. SEX FEMALE WHITE WIDOWED DIVORCED 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 10V. 20, 1897 Salbirthday) Months Days Hours Min, yrs.
100. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) 100. KIND OF SUSINESS OR INDUSTRY 100. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) 100. WIND OF SUSINESS OR INDUSTRY 100. WIND OF SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENJAMIN VINCENT	LAURA YORK
1/25, no, or unkown) (If yes give wer or detes of service) NonE	NFORMANT Address
16. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), (INTERVAL BETWEEN QUISET AND DEATH
IMMEDIATE CAUSE (#) /7 Ingula	Im from Hanging Sudden
14 14 1	
gave rise to immediate cause	
(e), steting the underlying Due (C)	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III
	PERFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) ry, street, office bldg., etc.)
21. I certify that I look charge of the remains described above, hel	d an Autopsy Inspection Inquiry and in my opinion
death resulted from: Matural causes Accident . Suicident . Suicident .	de Homicide . Undetermined manner
ACTUAL PILO TO TANK	CHIEF MEDICAL EXAMINER
SIGNATURE OF CHEMICA	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles FO'DONNE	// Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or country) (Stole)
REMOVAL BUYLD MAY 24 1961 Greenmount	Cemetery Parts MANUTE OHIO
John Burns Sove, Towson, Md	DATEMAY 2 4 '61 Outhur S. Flows



bluods by the and 2 death. .57 Pages papers. event. phyrician гетоме any attending ph Then please r 2 requires that the death and Then removal, dearwarded and be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this centificate has been signed by the director, page 3 should be detached for use as the burial-transit permit. To filed with the State Dept. of Health prior to harist contains the state Dept. of Health prior to harist contains the state Dept. of Health prior to harist contains the state Dept. of Health prior to harist contains the state Dept. of Health prior to harist contains the state Dept. of Health prior to harist contains the state Dept. of Health prior to have a state Dept. of Health prior to have a state Dept. PHYSICIAN:

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15M 9/60

MA DIVISION OF STATISTICAL RES	RYLAND STATE DEP		EALTH REET, BALTIMOR	E 1. MARYL	AND	
5172	CERTIFICATE		•		163	2
PLACE OF DEATH 2. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (o. STATE Maryla	b. COUN		e balore ed	dmyksio
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		its/de corporate limits, write	RURAL and give	searest fow:	n)
ort Howard d. NAME OF HOSPITAL OR INSTITUTION (IF not eterans Administration		Baltimore d, STREET ADDRESS 737 Dolphin	Street	200		SIDENO FARM
NAME OF First DECEASED (Type or print) JOHN	Middle WALKER	ARMSTEAD 4.	DATE Month OF DEATH MAY	Day	Year 19	61_
SEX 6. COLOR OF RACE 7. N		April 23. 1895	9. AGE (In years lest birthday)	Months Days	IF UNDER Hours	24 HRS Min.
	106. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN O	F WHAT C	OUNTR
Postal Clerk (Retired)	U.S.Govt.P. O.	Baltimore, M	aryland	U.S	.A.	-
John Henry Armstead	14 SOCIAL SECURITY NO. 17 3	Lula Gay Wal	ker			

(Yes, no, or unknown) | Ilives give were deles of service Clin Rec VAH Baltimore Md - Ft Howard Division WV-118. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. BRONCHOPNEUMONIA IMMEDIATE CAUSE (e) UNKNOWN HEART DISEASE which gave rise to immediate cause (e), stating the underlying PEPTIC ULCER DUODENUM OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116 WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 1 PROSTATIC HYPERTROPHY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, ferm, (Stote) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work 19.61 to May 4 19.61 hat (M (wa) last 21. | certify that XI) (this hospital) attended the deceased from April and that death occurse at .DM, from the causes and on the date stated above saw the deceased alive on May 22b. DATE 22s. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d, ADDRESS 222 PHYSICIAN'S NAME (Type) VAH. BALTO.18, MD., FT. HOWARD DIVISION THOMAS CRAHAN. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) REMOYAL (Specify) Baltimore National Burial 1808-10 Monroe St 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Chillen & Thomas Arlington S Phillips Baltimore 17 Md DATE

Raldy 3000 . . 201 00 00 TO TE WENT TO THE THE THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I told or the manual and a second PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admiss an o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Mary land Baltimore b. City OR TOWN (It autside corporate imits, write-C LENGTH OF STAY N 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). RURAL and give nearest tawn) D Baltimore 28 Baltimore 28 d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1006 Crosby Rd. 1006 Crosby Rd. YES NO T NAME OF Miditie 4. DATE Manth DECEASED (Type or print) Armstrong DEATH Lila May 19 61 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 9 AGE (n years B DATE OF BRTH FUNDER I YEAR IF INDER 24 HRS 82 Vrs Manths Days Hours Female White W DOWED -D VORCED T April 15, 1879 100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11 BRITHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during mast of working felleven if retired) Housewife Baltimore. Maryland None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary Hence Casper Slinkman 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT Mr. G. Alan Armstrong, 1006 Crosby Rd. Balto. 28 No None NTERVAL BETWEEN Md. 18 CAUSE OF DEATH [Enter any one cause per ing for (a) (b) and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY JAMEDIATE CAUSE (a) DUE TO Conditions, if any, which gned gave rise to 'mmed'ate DUE TO couse (a) stating the underying couse lost PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NI PART 1 19 WAS AUTOPSY physinas be PERFORMED? Contract terries cardenvernent usens YES NO P 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of Jem 18.) 후 20c TME OF INJURY Month, Day, Year 20e PLACE OF NJURY (Hame, form, 120f (City or town) 20c. NURY OCCURRED (State) factory, street, office bldg., etc.) While Not while at work at work 192 2) I certify that (1) (this hospital) attended the deceased from. It is that (i, (we) last saw the deceased alive on 12 4 25 196/ and that death accurred distance M from the causes and on the date stated obave 22a S GNATURE 22b DATE SIGNED MD DIRECTOR PHYS PHYS | 22¢ PHYSICIAN'S 22d ADDRESS NAME (Type) Abraham B. Hurwitz. M.D. 3403 Garrison Boulevard, Balto, Md. 23d BURIAL CREMATION 236 DATE THIS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or county Page The Sto Stateli REMOVAL (Specify) MAT 20 1461 Loudon Park Cemetery Baltimofe. larvland 24 FUNERAL DIRECTOR'S SIGNATURE 8728 Liberty Rd. 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE MAY 3 1 '61 vR A15 (4) Randallstown. .d.

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attending



1	*		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6.8	e pri		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Se est	PRA).	-	Reg. Dist. No. PLACE OF DEASH: 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)
pleo t sho	\$ 1 V 1	1"	COUNTY BALTIMOND MARYLAND O. STATE FORMAT. 6. COUNTY YOUR
3 a	Torra		b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)
Cess F	o pr		Freeland Jahr. Shrewsbury
is a soft	Tio.		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS o IS RESIDENCE ON A FARM?
AG A	P P	3.	NAME OF First Middle Last 1. DATE Month Day Year
ony de	egistr		DECEASED (Type or print) MAYY O, ATTIG DEATH MAY 28 1961
He for	the T	5.	SEX COLOR OR RACES 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE JA your IF UNDER 14 RS Months Doys Hours Min
9. 5 g	Ę	10	(4Ma/e White Misowed Divorced Dept. 26/702 Doys
er de ond 3	20		3. USUAL OCCUPATION (Give kind of work done) 10h, KIND OF BUSINESS OF INPUSTRY (11. BIRTHPLACE (State or foreign country)) 12 CUTZEN OF WHAT COUNTRY? 12 CUTZEN OF WHAT COUNTRY?
7 Of	, o	13	FATHER'S NAME
hour Jes 1	§ (I	L	Vames Miller & Annie Fishel
24 P			WAS DECEASED EVER IN U. S. ARMED FORCES? To SOCIAL SECURITY NO W INFORMANT And John Was given up or define of sorrece)
	iii.	=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), opd (c).]
ed v 18.	e a		PART I. DEATH WAS CAUSED BY: 77
tecul fem	15		DUE TO
V ich	-troi		Conditions, if ony, which) (b)
old I enci	20.00		gove rise to immediate cause (a), stating the underlying DUE TO
on sign	0	_	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART I.C.) 19 WAS "UTOPSY"
ficote ding:	o o o o	CATION	YES NO P
Pen	pe o	RTIFE	200 EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING
This year	pine	AL C.	CAJSE OF DEATH. TET MINISTERS STRUCK Can for howhich he have of 1 3 21 12 12 12 12 12 12 12 12 12 12 12 12
	문	WEDICA	Hour o m. While Not while foctory, street, office bldg., etc.)
A:MIP ng th	900	13	21. I certify that I took charge of the remains described glave, held an Autapsy , Inspection D. Inquiry , and find that
weiting.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
Set CAL	ECTO		
HERE I	N N		SIGNATURE M.D. CHIEF MEDICAL EXAMINER D
	ovol		EXAMINER'S P. M. F. RANCE DEPUTY MEDICAL EXAMINER [] 5/2 9/6/
2 o 3	Fe F	720	BYRIAL, CREMATION, 12b, DATE THEREOF 224 NAME OF CEMETERY OR CREMATIONY: 1 220 QCATION (City, town, or county)
3.0	0 0	1	Selvis May 3/196 Shrews hurr but heran Shrewshurr Penna.
VS. A15	MF(S)	13.	ADDRESS 240 REGISTRAR 246. REGISTRARE SIGNATURE
5W 9		2	Sacol Harlinglein New Terledom Ja, DATE IN 2 '61 Outling & France
		1	(



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE .White deceased lived it institution Residence be M e. COUNTY b. COUNTY Baltimore MARYLAND Anne Arundel b CITY OR TOWN if outside corporate I mits & LENGTH OF TAY IN 16 c CITY OR JOWN of outside corporal I mits, write RURAL etc., yourself write RURAL and give nearest town) 265 days Fort Howard Annapolis d NAME OF HOSPITAL OR INSTITUTION () not in hospital gives steel address. B IS RESIDENCE ON A FARM? Veterans Administration Hospital Green Street YES NO X 3. NAME OF Midal+ * DATE Month DECEASED OF Typs or print DEATH JOHN 19 61 B.F. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T | 8. DATE OF BIRTH 19. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours DIVORCED _ July 27. Male M.DOMED ... 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 1' B RTHPLACE OUTLY & ... 12. CITIZEN OF WHAT COUNTRY? or for on country done during most of working life, even if relired) Plumbing Plumber U.S.A. Annapolis, Maryland 13. FATHER S NAME 14. MOTHER S MAIDEN NAME James Bailey

Sophia King

Sophia King

Is was deceased ever NU's armed forces? 16 social security no 1/ informant Clinical Records 1600 Loch haven (Yes, no, or unknwn) | (if yesg.vewerordetesotserv.ce, Blvd. Balto 18, Md.-FO TH ARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I INTERVAL BETWEEN ONSET TINOWN PART I DEATH WAS CAUSED BY-CALCIFIC AORTIC STENOSIS IMMEDIATE CAUSE to DUE TO **ULIMOUDILU** GENERALIZED ARTERIOSCLEROSIS Conditions, if any which? gave rise to immed ete cause DUE TO (a), stoling the underlying PART II OTHER STONE CAND CONDITIONS CONTRIBUTING TO SEATE OUT NOT RELATED TO THE TERMINAL DISC. TO ADDITION GIVEN IN PART 15 MA A TURSY PERFORMED? DIABETES MELLITUS YES X NO OR CONTRIBUTING [] CAUSE OF DEATH 20b, C STEIRE HOW NIGHT OCCURED Enter to a city of the Peril of a le OF EITHER NOTIFY MEDICAL EXAMINER 2Dc. TIME OF NJURY Monh, Day Year 20d NUURY Occurred the PLACE OF INJURY of the form 20f City from the While ___ Not While clory street office bidgliets at work at work 21. I certify that X) (this hospital) attended the deceased from .August 29 01260 to May 21. , 19.61, that (M (we) last 22a. SIGNATURE DIRECTOR PHYS. X 24/61 PHYS. 220 PHYS JAN'S 22d. ADDRESS NAME TYPETHOMAS F. CRAHAN, M.D. VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION 13- NAW OF CEMETERY OR CREMATORY 23d LOCATION (City, town or cut by 23a. BURIAL, CREMATION 236 DATE THEREO REMOVAL (Specify) Puri all Saint Annes Cemetery Annapolis, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR - SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Gloucester Street DATE WAY 2 5 '61 John M. Taylor Sons Annapolis, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH with faled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admissioni · COUNTY o STATE 6 COUNTY M. MARYLAND OMF c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TY OR TOWN (If outside corporate limits, write a LENGTH OF STAY IN 16 eral be RLRA, and give nearest lown) d NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS IS RESIDENCÉ ON A FARM? OR INSTITUTION YES NO NAME OF 4. DATE First Middle Month Year DECEASED OF RO DEATH ages (Type or or nt) deat IF JNDER I YEAR' IF UNDER 24 HRS S SEX 9 AGE (In years lost birthday) 6 COLOR OR RACE MARR ED Y NEVER MARRIED 8 DATE OF BIRTH Months Doys WIDOWED IT DIVORCED papers ď 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 112 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME CO remove 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH ā PART I DEATH WAS CAUSED BY MMED ATE CAUSE (6) **DUE TO** Conditions, if any, which gned [b] gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. burnol-transit (c) FICATION PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 13 19 WAS AUTOPSY crematian, PERFORMED? YES NO 🦷 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of I lem 18.) MEDICAL 20c TIME OF N. URY Month, Day, Year 20e PLACE OF INJURY (Home, form | 20f (City or lawn) (Stote) 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o m White Not while of work of work p m. to 5 = 4 = 1961 that UP (we) last 21 I certify that M (this hasp tai) attended the deceased from. 4 - 27 - 1961 19.61, and that death accurred at 3.209M. From the causes and an the date stated above saw the deceased alive on 226 SIGNATURE DIRECTOR T 22c PHYSICIAN'S 22d. ADDRESS onio NAME (Type) FUNERAL I 236 FUR AS CREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERA DIRECTOR'S'S GNATURE ADDRESS VR A15 (4) 15M 9 59

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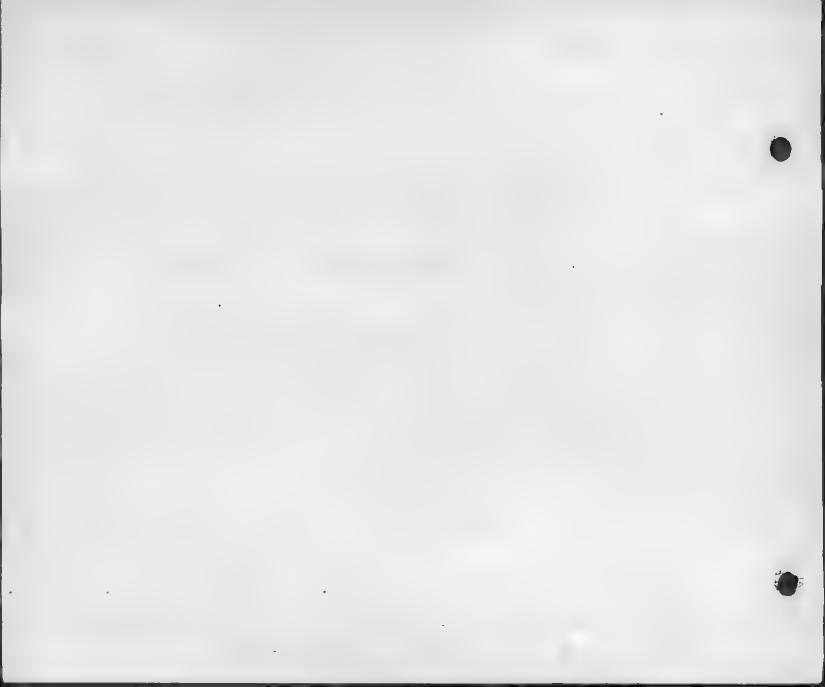
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DIRECTOR:

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
*		CERTIFICATE OF DEATH Reg. Dist. No. U.5.168
l director		PLACE OF DEATH O COUNTY BALTMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before odm ssion) COUNTY MARYLAND AND MARYLAND COUNTY MARYLAND
death uneral		b CITY OR TOWN (I outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) BALTINGRE
urs offer the id 2 shou		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 210 River Side Rd. 210 River Side Rd. 120 River Side Rd. 18 IN NORTH
s I on		NAME OF DECEASED LOST 4. DATE Month Day Year OF DEATH MAY 12 1961
d within the testy for s. Pogi	5.	SEX 6 COLOR OR RACE MARRIED B DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF L NDER 24 HRS MARRIED DIVORCED 3/14/1890 Months Doys Hours Min
executed comp	100	USUAL OCCUPATION (Give kind of work done 10b K ND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY WARVLAND 15. C. WARVLAND 16. S. C.
ician are be carbo	13.	FATHER'S NAME VILLIAM M. BARNES 14 MOTHER'S MAIDEN NAME VELLIE MONNETT
ng physic remave 72 haurs	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 216 PRIVETS I de MANDERS BALTE 25 /4 d. MAS. CARRIE E. BARNES
he death attends en pleas		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) SMOW Of Sherry ONSET AND DEATH
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bing haspite the After the far fail, cr		21 I certify that I attended the deceased from 10-1, 1955, ta 5-12, 1961, that I last saw the deceased
ATTEN by the CTOR: c deloci		alive an 5-12, 1961, and that death accurred at 9:45/AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL
DR ed		PHYSICIAN'S Gugene Schnitzer, B.D. Baltmore 25, Ind.
HOSP oy be FUNE age 3 sh	720	BURIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d OCATION (City town, or county) (State)
5 5 9 5	<u>/</u> 23.	SURFAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		35/2 FREDERICK AVE (28)



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
		certificate of Death	U5169
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4 5 5 1 V	40	Baltimore Maryland Maryland	
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thin 24		Fort Howard Bl Days Baltimore 17 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address, d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
ete , P. 2 hour		Veterans Administration Hospital 606 North Gilmor Street NAME OF Month of M	Day Year
mpf pal		(Type or print) JOSEPH H. BARNES DEATH May	_ 9 19 61 _
nd co srbon withi	5	5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF B.RTH 9 AGE, In years IF UNDE	PART IF INDER 2 HKS. Days Hours Min
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ding ding plea		Johnny Barnes Tillie Norris	_
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at the		Yes L WW II 218-10-7066 FORT HOWARD DIVISION, 3900 Loch Ra	TOTAL TOTAL
s th san. y th mit.		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	ONSET AND DEATH
d ber		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE	3 MONTHS +
phy phy gne gne isit ion,		DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE	15 YEARS
we ing ing the state of the sta		Conditions, if any, which ARTERIOSCLEROTIC HEART DISEASE WITH INFARCTION	4 YEARS _
bed bed frial		gave rise to immediate cause (a), stating the underlying	
Thas has but a but		causa last.) . MULTIPLE PULMONARY INFARCTIONS	UNKNOWN
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# # E E E E		The section of the contract of	1901, that (4) (we) tast
AT SECOND		saw the deceased alive on 1901 and that death occured at .M.M., from the causes and of	n the date stated above 22b, DATE
She She		220 S GNATURE MED. STAFF	5/9/61
744°		22- PHYSICIAN S 22- PHYSICIAN S 22d. ADDRESS	7/3/0T
A H. P. A.		NAME (Type)	MOD DESTROYOR
FUNER FUNER FUNER filed wil		THOMAS F. CRAHAN, M.D. VAH, BALTIMORE 13, MD., FT. HOW	
70 - 0	12	23a BUNAL CRAMINO, 1	J. Maryland
Can Grap 7	-		· • —
VR A15 (4)		24 FUNERAL DIRECTOR & SIGNATURE	P STORY IN LORE
15M 9/60		Marshall Hayes 638 N. Gilmor St., Balto.Md. DATMAY 1 0'61	A WAR TO THE REAL PROPERTY OF THE PERSON OF

MARYLAND STATE DEPARTMENT OF HEALTH



Walter Brooks Bradley, Inc., Dundalk 22, Modale

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
W	CERTIFICATE OF DEATH Reg. Dist. No.	05171
Poge director	1. PLACE OF DEATH COUNTY Baltimor MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before STATE hary land b COUNTY	re admission)
death id be fi	b. CITY OR TOWN (f outside corporate limits, write RURAL and give necessary in the RURAL and g	arest fown)
The figure of th	d NAME OF HOSP TAL (I not in hospital, give street address) OR INSTITUTION JFR G CRC VF. STATE HOTT TAL 2830 Lake Avenue	ON A FARM? YES MO
filled ges 1 on	3 NAME OF DECEASED (Type or print) Hary Baumer Baumer) Death Lay 18	Year 1901
d with	female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lie) Windows 15 UNDER 1 YEAR 1891 9 AGE (In years lie) Windows 15 UNDER 1 YEAR 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891 1891	Havrs Min
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ertificate be physician or remove corbo 2 hours offer	John Relier'S MAME John Relier C BAUMMER K-therine Kemmett Is was deceased ever in U. S. Armed Forces? 16 Social Security No. 17. Informant (Yes no or unknown) (If yes, give wor or dotes of service) unknown Records. PRIG GROUP JPA . HI. F.	7
the death of the offending then please ent with n 7	18 CAUSE OF DEATH [Enter on y one couse per line for (0) (b) and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Acute congestive Heart failure	FRYAL BETWEEN SET AND DEATH 15 minutes
uires that aned by I permi. I in ony ev	Conditions, if any, which gave rise to immediate couse (o), stating the under: DUE TO DUE TO Cardiac hypertrophy and dilatation DUE TO	_years
physicion, os been sijol-tronsit ovol, and	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1(0)	Years 9 WAS AUTOPSY PERFORMED? YES ER NO
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ATENDING Ny the hosp in IOR: After t detoched for to buriol, cri	21. I certify that I attended the deceased fram July 1, 19 57 to May 18, 19 02 that I lost so alive an May 18, 19 61, and that death accurred at 12:30 M, from the causes and an the da ADDRESS (Street, city or town, state)	te stated abave DATE SIGNED
At DIRECT PAINT IN PA	PHYSICIAN'S Stella Wachsler, M. J. Catonsville 2d, Maryland	<u>}-10-01</u>
moy be TO FUNER Poge 3 3 the regist	220 BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 22d LOCATION (City town, or county) BURIAL (Specify) 5/20/60 H6/4 Tredeemer 13ALTIMERE 23 FUNERAL DIRECTORS SIGNATURE ADDRESS , 240 REC'D. BY REGISTRAR'S S GNATURE	(State) 1921. RE
VS A15 (4) 15M 10/57	h J Ruck 5305 HARFORD Rd. DATE MI	au i



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USON RESIDENCE (Where decresed lives, If instituting Residual to the series on 1 PLACE OF DEATH a. COUNTY MARYLAND b CITY OR TOWN if a its do corporate I mits c CIY OR TOWN of outside corporete limits with RURAL d & LENGTH OF STAY N 16 write RURAL and give nearest lown) A. STREET ADDRESS ON A FARM? 3 NAME OF Widdle DECEASED Typ par 1 5. SEX 9. AGE un yours if INI RALE 17. MARRIED WEVER MARRIED last birthdey) Months Devs Hours DIVOKATED 12 UP IZEN OF A HAT LOUNTRY? physici done during most of working I fe, even if refired) 13. FATHER'S NAME CLECTRICAL CONTRACTOR 14. MOTHER S MAIDEN NAME please affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Them Address (Yes, no, or unknown) (fystgivewerordalesofservice 18. CAUSE OF DEATH (Enter only one coupper line for (a), (b), and (c), 1 INTERVAL SETWEEN DNSET AND LATH IMMEDIATE CAUSE 'e "Arteriosele rotic CardioVAS. Dis 11 geve rise to immediate cause DUE TO (a), steting the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 9 # PERFORMED? BOGENO NO 1 20 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Perhill of Park II of I fem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Cc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, farm 20f City or town) (County (State) Not While factory, street, office b.da. elc. While at work | et work 1961., that (I) (we) last 21 I certify that (i) (this hospital) allended the deceased from. , and that death occured a M, from the causes and on the date stated above ATTENDING 22b, DATE SIGNED D.RECTOR 17 PHYS 22d ADDRESS 23% BURIAL, CREMATION, 236 DATE THEREOF MEMOVAL (Specify) g 0 256 REC'D BY REGISTRAR , 256 REGISTRAR S SIGNATURE 24 #UNERAL DIRECTOR 5 S.GNATUR VR A15 (4) 15M 9/60

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1		PEPARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S	
HEALTH DEPT.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution Residence before admission) 5. STATE 6. COUNTY 7. The state of
Pag.	Baltimore MARYLAND	Maryland Baltimore
y is necessary, I director. Page for your fuls, oard of Health,	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Thindalk	c. City OR TOWN (If outside corporate limits, write RURAL and give neerest lown) Dundalk
y is al dire y Board	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 7309 Lockwood Road	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM?
ate ath		7809 Lockwood Road YES NO
If arr the tretail he St dee	NAME OF First Middle DECEASED (Type or print)	BOLAND 4. DATE Month Des Year OF BOLAND DEATH MOST 26 1961
affer affer		8. DATE OF BIRTH 19. AGE 11: Years I F UNDER 1 YEAR IF UNDER 24 HRS
and Sand Sand Sand Sand Sand Sand Sand S	Female White widowed Divorced	5-27-/- 3/ September) Months Days Hours Min.
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hours ages 3. Pages in 7	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PM3 PM3 PM3	John Pricks	1 . T' + 2 ' 1
海の管理を下り	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) (Ifyergivewarordetss of service)	INFORMANT Address
ted will lem 18, with fo permit.		ů **
Fried V	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
d d d d d d d d d d d d d d d d d d d	PART I. DEATH WAS CAUSED BY: Acute leukemia	Oraci And DEATH
d benglice zielt	DUE TO	1
should should s office a burk	Conditions, if any, which (b)	
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ficate end.	causa last. (c)	
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his c	<u> </u>	YES 💹 NO 🔟
ER: The value of t	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Pert t or Part II of Hem 18.)
AMINE writing a Chief J Page 3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PL. While Not While fat work at work at work	ACE OF INJURY (Home, ferm, 20f. (City or town) (County (Stele)
	Hour a.m. While Not While fat work at work at work	ctory, street, office bldg., atc.)
It EX ficate, to th fOR: prior	21. I certify that I took charge of the remains described above, h	eld an Autopsy X, Inspection , Inquiry and in my opinion
Certil Gertil GECT	death resulted from Natural causes X. Accident . Sur	cide, Homicide, Undetermined manner
MEDIO THE THE CONTROL DIRECTOR	ACTUAL 1 DULY	CHIEF MEDICAL EXAMINER
r M ecute be fou RAL ignate	SIGNATURE	M D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
S고탑병	EXAMINER'S W. Bradley King, Jr., M	Deputy Medical examiner Address (Street, city, town, or county) 5/27/61
S S S S S S S S S S S S S S S S S S S	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
0 2409	12/1/11/ 1/50 6 11/1	Arra Maria
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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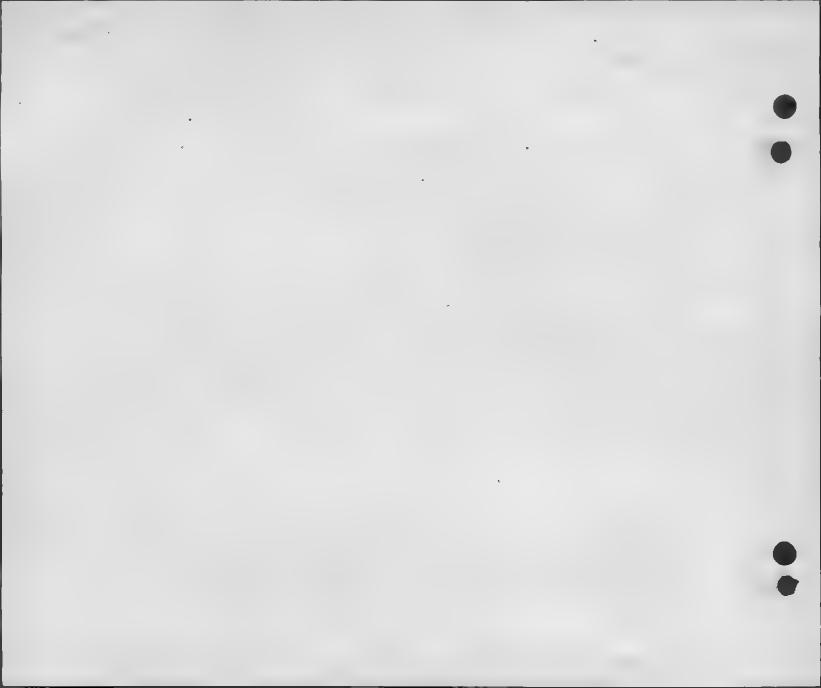




Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residing the first in solid) a. COUNTY Page a. STATE b. COUNTY ort. Inore Raltimore MARYLAND b TY OR TOWN if outside e porat limits c. LENGTH OF STAY IN 16 c CITY OR TOWN all outs de corpo a a limits with RUR at as an analysis w 1 - RURAL and a ve near st town Domdalk-22. Nd. undalkd. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) "d. STREET ADDRESS ON A FARM? Rathlehem Steel Jo. Dispondary 1821 Laslie Ave. 3 NAME OF & DATE DECEASED 100 Type to only Harry W. Bradford DEATH 6. . O. OR OR RALE 7. MARRIED [] NEVER MARRIED [7 8. DATE OF BIRTH 5 DEX 9 AGE on years IF UNDER 1 YEAR 3545 7.6 lest birthday) Months Je Hours i Min. WIDOWED | DIVORCED IN C Tue. USUAL OCCUPATION Give kind of work 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State of foreign country 12. IF EN WHAT DUNTRY? dona during most of working life, even if ratired LVANIZE MILL TESTERSteel Co. pages FATHER'S NAME 14. MOTHER'S MAIDEN NAME JESSE S. BRADFORD IR. 1903 QUEENSWAY W.:H IB CAUSE OF DEATH (Enter only one cause/par line for (a), (b), and (c), i ONSET, AND DEATH PART I DEATH WAS CAUSED BY 12 11 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which "panding"

Examinar's (gave rise to immediate cause DUE TO the word "pending Medical Examiner's should be used as (a), stating the underlying causa last. used ion, o A PAR TO A SEED LAND ASSERTING TO THE PROPERTY TO THE PROPERTY PARCET OF THE PARCET THE CERTIFICATION should be PERFORMED? YES NO X ZUB EXTERNAL LALSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of Injury in Part Lor Part Lor Jam 18). PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 83. 4 Month E y Yea factory, street, office bldg., etc.) Whila Not While at work 1 A et work 21 I certify that I to k charge of the remains described above, held an Autopsy [1]. Inspection [7] DIRECT(death resulted from Natural causes [/] Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAM NER . . . DATE RIGNED lesse execue thould be to FUNERAL its deci-SIGNATURE DEPUTY MEDICAL EXAMINER [Z] -EXAMINEB'S NAME To Address (Stivet city, fowr, or ecunty) 百百 228 R. RUIL, CREMATION 225 DATE THEREOF 227 NAME OF CEMETERY OR CREMATORY 22d. LOCATION CLY, town pricourty REMOVAL Spacify: BURIAL 23. FUNERAL D RECTOR E40 9 1-0 24a. REC D BY REGISTRAR | 24b. REGISTRAR'S SIGNATUR. 1.9 toffmann 3218 Hupson St. (24) VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15176
MEALTH DEPT.	1 PLACE OF DEATH [] 2. USUAL RESIDENCE (Where decessed lived, If Institution Residence before admission)
Fage files.	* STATE Maryland b. COUNTY
of, Ha	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore
ay is l dire for y oard	d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospite, give street eddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
90 d 1	3319 Acton Road YES NO N
e Str deat	A NAME OF DECEASED OF Test Middle Lest 4 DATE Month Day Year OF CAPPER OF THE DECEASED OF THE
4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	5 SEX 6. COLOR OR RACE 7 MARDEIEN NEVER MADDIEN 8 DATE OF BIRTH 9. AGE (In Years HE UNDER 1 YEAR IF UNDER 24 HRS.
and 3	Female White WIDOWED DIVORCED 4-/3-/53/ 30 yrs. Months Days Hours Min.
Page 1, 2	10a. USWAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BATTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. CITIZEN OF WHAT COUNTRY?
PM3.	13. FATHER'S NAME
Within form form event	15. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yos, no, or unknown) (If yas give were or defease of service)
tem 1 with porm	18. CAUSE OF DEATH [Enter only one cause par lim for (a), (b), and (c).]
s exection along transit	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH MAND DEA
Id by fice fice val,	DUE TO of heart and massive internal hemorrhage
should in the series of the se	Conditions, if any, which [b] gave rise to immediate cause DUF TO
rate iner d as	(e), stating the underlying cause last. (c)
s certificand "peal Exam be use mation,	PART II, OTHER S.GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 19 WAS AUTOPSY PERFORMED? YES NO 20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED TEnter neture of injury in Part Lot Part II of them 18.1
RR: The W	PRIMARY N or CONTRIBUTING Shot self in chest
AMINI writing in Chief Page 3 r to bur	20c TIME OF INJURY Month, Day Yaar 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f City or town) (County (Si tell bottory, street, office bidg., etc.) Home Home Baltimore Md.
icate to the prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
CAI certif certif ded ECT gent,	death resulted from: Naturel causes Accident , Suicide Homicide Undetermined manner
d a g	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
AI of for the formatte	SIGNATURE MD
execute oxecute ind be fa NERAL designal	Name Type We Bradley Aing, Jre, Me De Address (Street city fown or county)
DE SPEC	224. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) 151010)
5 g 4 6 g	23, FUNERAL DIRECTOR 1 ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 9 60	acon 2 . A hand S3. 5 Hayford & DATHAY 15 151 ander & Three

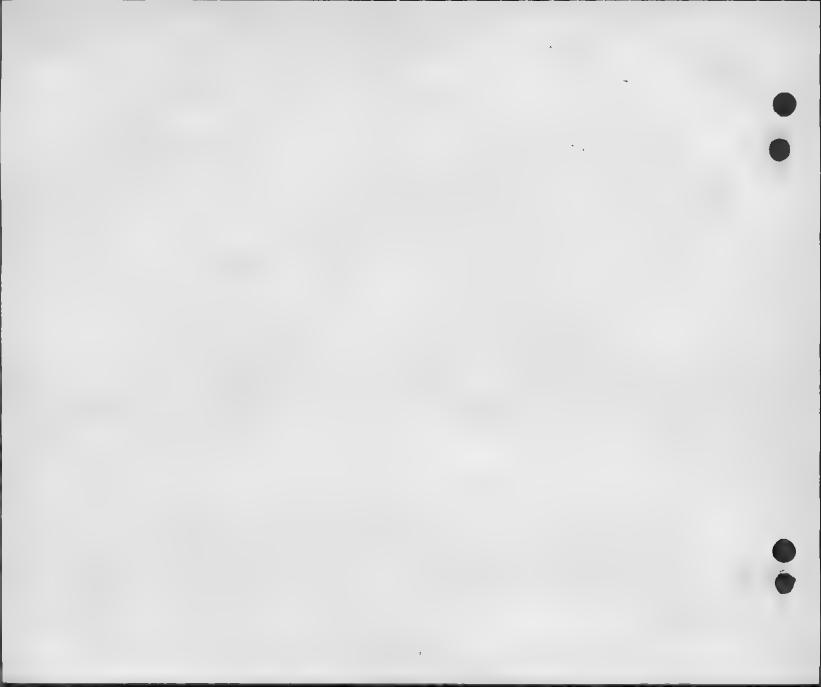


MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where discussed lived, it institution, Pauli, in their e. COUNTY b. COUNTY the 1.2 MARYLAND b. CITY OR TOWN (if outside composite limits, E LENGTH OF STAY IN 15 e CITY OR TOWN (If outs dis acripore I mits, with RURAL ... write RURAL and give neerest lown) DUSCN aw SON d NAME OF HOSPITAL OR INSTITUTION | Frohim hospite, give street address a STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IT papers. 3 NAME OF complete Middle 4. DATE Month DECEASED OF (Type or print) DEATH and ce. 5 SEX 6 COLOR OR RACE 7 MARRIED | NEVER MARRIED | AGE IN YOUR IFUNDER I YEAR IF UNDER DATE OF BIRTH last birthdey Months event, physician 9 10s. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12 don's during most of working life even if retired) NEURR EMPLOYED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give wer or detes of service NO 18 CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONJET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE & 5 9/11 DUE TO Conditions, if eny, which (6) gave rise to immediate cause DUE TO (a), steting the underlying has cause lest (3) Pur 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.... 19. WAS AUTOPO-CERTIFICATION hospital certificate PERFORMED? S prior 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED JEster nature of injury in Pert I of Part II of Jem 18 After this constacted for OR CONTRIBUTING (CAUSE OF DEATH the 20d. INJURY OCCURRED , 20d. PLACE OF INJURY Home, larm, 20f City or town 20c. TIME OF INJURY Month, Day, Your factory, street, office bidg., etc.) Not While While Hour a.m. et work at work p.m. TOR: 1997 10 ., 19 / , that (I) (we) last 21 I certify that (I) (this hospite!) attended the deceased from A.M. from the causes and on the date stated above. C saw the deceased alive on and that death occured at 225. DATE ATTENDING 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS, M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typector, filled v death.

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director

be filed (State) 23a, BURIAL CREMATION, 23b 23c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 256 REGISTRAR & SIGNATURE VR A15 (4) Thrus. 15M 9/60



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAL CERTIFICATE OF DEATH , 2. USUAL RESIDENCE (Where deceased I vid. If institute Residence being eden as on) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN 'f buts de corpore e limits, . LENGTH OF STAY IN 16 c, CITY OR TOWN 'It outs de corporate im ts, write RURAL and give nee st. w Write RURA Hand alve agazest town d NAME OF HOSPITAL OR INSTITUTION of not hospile is veistreet lidress. a STREET ADDRESS e IS RESIDENCE ON A FARM? 10 Gurtowder Road 10 Gunnowder Road LYES NO 3. NAME OF First Midd Moath DECEASED DEATH MAY MARIE Burhop Type or print 19 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 9 AGE nivee IF UNDERT YEAR JE UNDER 2 HRS 8 DATE O BRTH last birthday) Months | Deys | Hours Jan. 8,1888 Female WIDOWED [DIVORCED I 10b, KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE County & . Te. TO CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION GIV kind of work ore o country done during most of warking life, even if retired)
HOUSEWITE USA phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Fredericks Frances(Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? F. OCIAL JEJUNITY MO 17 INFORMANT (Yes, no or unknown) (If yes give wer or dates of service, Mrs. Rolfe Pottberg-Glen Arm Rd. 34 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE e Thrombosis + Hemiplegia OSclerosis T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PART I OTHER'S GNIF LANT CONDITIONS ONTRIBU PERFORMED 3 2De ACC ENT WAS INDERLYING OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW NJURY OCCURED Enter nature of roury in Peril or Part 1 of tem 18 2Dd INJURY OCCURRED 4 PLACE OF INJURY tome farm 2Dl City or lown 2Dc. TIME OF INJURY Month Day Yee While Not While factory, street, office bldg , etc.) ; Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from J U , and that death occurred at 7.2 M from the causes and on the date stated above. saw the deceased alive on . It 22a, SIGNATURE ATTENDING MED DIRECTOR FUNERAL 12c. PHYSICIAN'S NAME (Type) Charles E. Shaw, M 236. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION City, lown or county; REMOVAL (Specify) のも品 Prospect Flemington, New Jersey 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Wm Cook-Towson, Inc. 1050 York Rd, Towson DATE (Thur & Treats 15M 9/60 Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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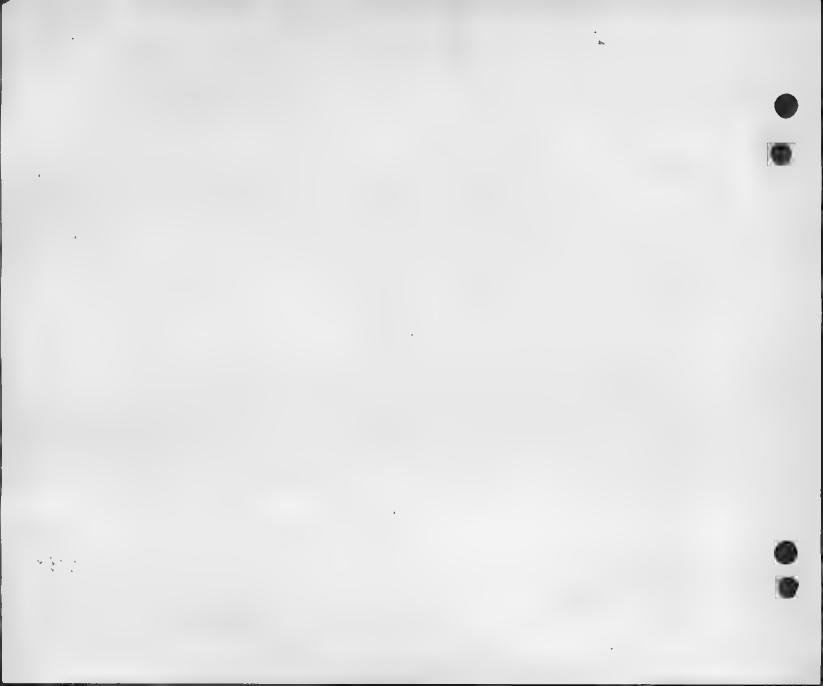
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence be' at as on 1. PLACE OF DEATH a, COUNTY b, COUNTY a. STATE MARYLAND b CITY OR TOWN (if outside corpo ate mits, c LENGTH OF STAY N 16 c. CITY OR TOWN If outside colored I mile, writin RURAL and a linear and in the second and in the seco write RJRAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION, I not in hospital give striet addiess. d STRUET ADDRESS e IS RESIDENCE ON A FARM? 1147, 12 YES NOW 4. DATE Year 3. NAME OF Month First Middle DECEASED 2.11 DEATH (Type or print) 1117 8 DATE OF BRTH 6 COLOR OR RACE 7, MARRIED TO NEVER MARRIED 9 AGE In year'S IF UNDER YEAR FUNGE IN IN HRS last birthdey, DIVORCED TOO KIND OF BUSINESS OR NOUSTRY, 11 THE ALE CONTRACTOR 108 USUAL OCCUPATION GIVE KIND OF WO K 12 CITIZEN OF WHIT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please INI. 11: and H Rugton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown), (livesgive war or dates of service) INTERVA BET EN IB CAUSE OF DEATH Enter on yone rus private (a, it, a de ... ONSET AND DEATH PART I, DEATH WAS CAUSED BYdeal unkare IMMED ATE CAUSE & DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), sletting the underlying cause last PART II OTHER SIGNIF LANT CONDITIONS WITH BUTING TO DEATH BUT IN TERESTED TO THE TERMINAL DISEAS DID TON GIVEN THE AT 19 WAS SUCCESS PERFORMED? YES I I NO T 206 DESCRIBE HOW NUTRY On REal Enter Flure finding a Part . c Part . em 2 % AC DENT WAS IDERLYING OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 2Cd NJÜRY OCCURRED 2C PLACE OF INJURY (Hom., farm. 20" lity ut own, While Not While factory, street, office bldg., etc.) 20c, TIME Or NURY Month Day, Year While __Not While at work 21 I certify that it (this huspital) after fed the deceased from 5/28 196 / and that death occured a M, from the causes and on the date stated above saw the deceased alive on 🦪 I DIRE(226 DATE VNZZ 2 . ML PHYS F SIGNED DIRECTOR | PHYS ; 22d ADDRESS 22F PHYSICIAN U George T. Gilmore, M.D. Lanham Building NAME (Type Lutherwille. Md. 232 BUR AL, CREMATION, 236 DATE THEREOF 2.2 NAME OF CEMETERY OR CREMATURY 23d, LOCATION IC ty town a . 19 REMOVAL (Specify) Prospert Hil! 404 Burial 1 1 4 6 H 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAY 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

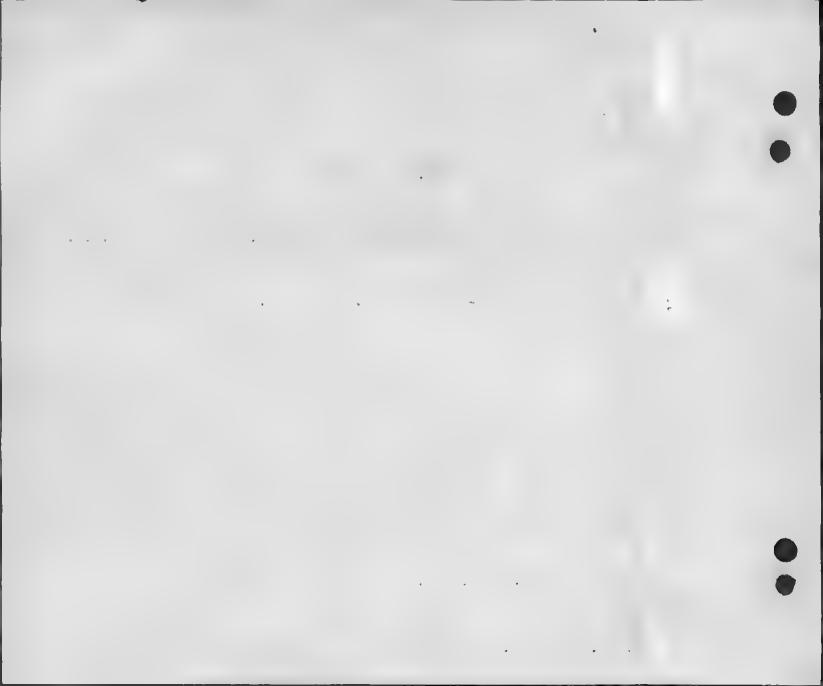


PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH DENCE Why despered to 1 harshare \$ 10 h I. PLACE OF DEATH e. COUNTY a. STATE **b. COUNTY** Maryland CITY OR TOWN If outside curpo ate limits, write RURAL III III MARYLAND b CITY OR TOWN (if outside corporat I mits, CLENGTH OF STAY IN 15 write RURAL and giv near out town Baltimore Catonsville 28 Torest Haven Nursing Mone 315 ingleside Avenue d STREET ADDRESS g v. street address N A FARMI 704 Cathedral Street YEA , NO 3 NAME OF DECEASED Marie (Type or print) Burttschell DEATH May 1961 6 COLOR OR RACE 7, MARRIED | NEVER MARRIED NDEFT Y'AR IF UNL + 24 HRS Months Days Hours | Min. female July 12 PEN FR IT OUNTRY? 10a USUAL OCCUP® TON is verkind of look 106 KIND OF BUSINESS OR INDUSTRY " dar o during most of working life, even if refired Krueger Restaurant Cashier Baltimore, Md U.S.A. 13. FATHER'S NAME 14. MOIHER'S MAÍDEN NAME Ellen McLaughlin William Staples attending _I Then please 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknwn) | (Ifyes give were rdeles of service) Mrs. Carroll E. Romney, 3804 Oak Avenue, INTERVAL LETWEEN 18 CAUSE OF DEATH [Ent a only one cause py lice ! UNSET AND CEATH PART DEATH WAS CAUSED BY IMMEDIATE AUSE IN DUE TO gave rise to immediate chuse. DUE TO (e), stating the underlying couse lest. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 19 WAT ATTOPSY PERFORMED NO (200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b DESCRIBE HOW INJURY OCCURED JEnter neture of injury in Part I of fem 18 20d INJURY OCCURRED 20e PLACE OF INJURY Home, ferm 20f (City or town) 20c. TIME OF INJURY Month, Day Year Not While lactory, street, office bldg etc., While: et work at work 19. 3 to 3 2 2. (1957, that (I) (we) last 21. I certify that (I) (this bosental) attended the deceased from... .194 / , and that death occurred at 2 / AN from the causes and on the date stated above saw the deceased alive on 22e. SIGNATURE ATTENDING PHYS. M.D. PHYS. -DIRECTOR FUNERAL rector, page 22d ADDRESS 22c PHYSICIAN S John H. Shaw, M.D. NAME (Type) 5800 Edmondson Avenue 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 1 236. DATE THEREOF 23d LOCATION 1City town or county dire to Baltimore Loudon Park Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR , 25b. REGISTRAR S SIGNATURE VR A15 (4) Wm. Cook. Inc., 1217 St. Paul Street DATE MAY 2 4 '61 15M 9/60 Cirthun S. Haus

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MARYLAND STATE DEPARTMENT OF MEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
5197 CERTIFICA	ATE OF DEATH	Reg. Dist. No 183
PLACE OF DEATH C. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution o STATE b COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits write RUR	At and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e IS RES DENCE ON A FARM? YES NO
NAME OF OECEASED (Type or print) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED []		Day Yeur 19 UNDER 1 YEAR IF UNDER 24 HRS
DO USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) Tool Store	STRY 11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTS
(Yes, no or unknown) (If yes, give wor or dates of service)	NFORMANT Address	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gastric H	emorrhage	INTERVAL BETWEEN ONSET AND DEATH 3 Days
DUE TO		

Gastric Cancer Candit ans, if any, which Days gave rise to immediate DUE TO cause (a), stoting the under-Chr. Gastro-enteritis lying cause ast PART II OTHER SIGN. F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c TME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour a m Not while, of work at work 21. I certify that I attended the deceased from April Ist, 1961, to May 7th 1961, that I last saw the deceased alive on May __, and that death accurred at 5.30AM, from the causes and an the date stated above ADDRESS (Street, c'ty or fown, state) DATE SIGNED ACTUAL 57 Winters Lane SIGNATURE PHYSICIAN'S NAME (Type) C.F.Maloney, M.D Catonsville-28. Md. 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REG STRAP + uneval Hume 1611-1314 Arlington ALDATE MIL

VS A15 (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg Dist. No director 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of first fution. Residence before admission) filed b. COUNTY a. STATE **6 COUNTY** MARYLAND 0 b CITY OR LOWN (If auts de corparate c LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate I mits, write RURAL and give nearest lawn). and give negrest tawn) RURAL d NAME OF HOSP TAL (IF in haspital giye street address). d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO NAME OF 4 DATE Middle Month Day Year led **DECEASED** OF (Type or print) DEATH 196 5 SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OF RACE MARRIED NEVER MARR ED O. last-birthdoy) Months Days Haurs WIDO WED 12 DAORCED complet papers 100 USUAICOCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT COUNTRY? (State or foreign, country) death. during most of warking be even if retired) 5 m C puo 200 offer 14, MOTHER'S MAIDEN NAME 13 FATHER'S NAME COL physician ng phy. hours 15. WAS DEGEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO (Yes no, or unknown eose attend CAUSE OF DEATH [Enter only one cause per line for (a) b) and (c)] NTERVAL BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY MMED ATE CAUSE (a) the DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the under the burial-tronsit lying couse last. physicion hos been CERT, F. CATION PART 1 OTHER'S GN, E CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO attending 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRISE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) cote OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF NURY (Hame farm 20f (City ar town) (County) (State) factory, street, affice bldg., etc.)! Hour a. m. While Not while at work at work -21 I certify that I attended the deceased from that I last saw the deceased detoched that death accurred at // \$ / alive on__ M. fram the causes and on the date stated above. DIRECTOR DATE SIGNED ADDRESS (Street city or lawn state) ACTUAL SIGNATURE should FUNERAL D PHYSICIAN'S registror NAME (Type) 9 226 DATE THEREOF 22d LOCATION (City, -own ar county) 220 AUDI A. CREMATION 22c NAME OF CEMETERY OR CREMATORY abod 9 Ö 240 REC D BY REG STRAR 24b REGISTRAR'S SIGNATURE VS AT5 (4) 15M 9758



CERTIFICATE OF DEATH Rea, Dist. No. I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY **b** COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) b CITY OR JOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 RURAL and give neopest town) 3 RESIDENCE d STREET ADDRESS d NAME OF HOSP TAL (If not in hospito, a ve street address) OR INSTITUTION ON A FARM? YES NO I 4. DATE NAME OF Month DECEASED OF DEATH (Type or print) FUNDER YEAR IF UNDER 24 HRS. COLOR OF RACE 7 MARRIED NEVER MARR ED 1 8 DATE OF A RTH 9 AGE (in years S SEX lost birthdari Months Days D VORCED [WIDOWED [100 USLAL OCCUPATION Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore an country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life even afterfred) 14 MOTHER'S MAIDEN NAME 3 FATHER'S NAME INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 18 CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0, DUE TO Conditors if ony which gove rise to immediate DUE TO couse (a), stating the underlying cause tast. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D., 19). WAS AUTOPSY PERFORMED? YES I NO # 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form 20f (City or town) (Stote) 20c TMF OF NURY Month Doy Year 20d NIURY OCCURRED factory, street office bidg , etc.) Hour a m While Not while of work of work 21. I certify that I attended the deceased from 10-18, 1954, ta 6-21-, 1961, that I last saw the deceased ___, and that death accurred at 245% M from the causes and an the date stated above O FUNERAL DIRECTOR: A page 3 shauld be detacht SIGNATURE: NAME (Type) 220 8 JRIA (REMATION 22b. DATE THEREOF 22d COCAT ON (City town of county) 22c NAME OF CEMETERY OR CREMATORY (Stofe) 6 0 24b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REG STRAR VS A15 (4) DATE LE 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission, 1 PLACE OF DEATH I direct o COUNTY o STATE 6 COUNTY MARYLAND b CIY OR TOWN (Flauts de carporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If guisside carporate I mits write RURAL and give nearest town). RURAL and give nearest town) IS RESIDENCE d NAME OF HOSPITAL (finot in haspita, give street address) d STREET ADDRESS ON A FARM? YES NO F ANDER NAME OF Middle DECEASED **OF** DEATH Pages (Type or print) 9 AGE In years IF UNDER I YEAR IF UNDER 24 HR / MARRIED NEVER MARR ED 1 8 DATE OF BIRTH 5 SEX 6 COLON OR RACE lost birthday) Months Doys Hours DIVORCED [WIDOWED [12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done) 10th KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or fore an country) during most of working life, even if retired) 13 FATHER'S NAME g physician cremave carb .5 17 INFORMANT 5 ARMED FORCES? 16. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (d)] PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART OTHER SIGN F CANTICOND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 19 WAS AUTOPSY PERFORMED? YES I NO I 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enternature of injury in Part or Part I of tem 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF NURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED factary, street, office bldg., etc.) Hour a.m. While Not while of work of work 21 I certify that (1) (this hospital) attended the deceased from MAP. 16 1961 to 4-14 ... 1960/ that (I) (we) ast .____19___, and that death accurred at 72.M from the causes and an the date stated above saw the deceased alive on 220 S GNATURE 3 BNED DIRECTOR [M.D. PHYS 22c PHYSICIAN'S 22d ADDRESS O FÚNERAL DIS page 3 should NAME (Type) Ernest C. Brown, Jr. 1101 N. Calvert Street. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or county 230 BUR AL TREMATION 236 DATE THEREOF REMOVAL (Specify) Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNA JRE Mm. Cook, Inc., 1217 St. Paul Street VR A15 (4) DATE

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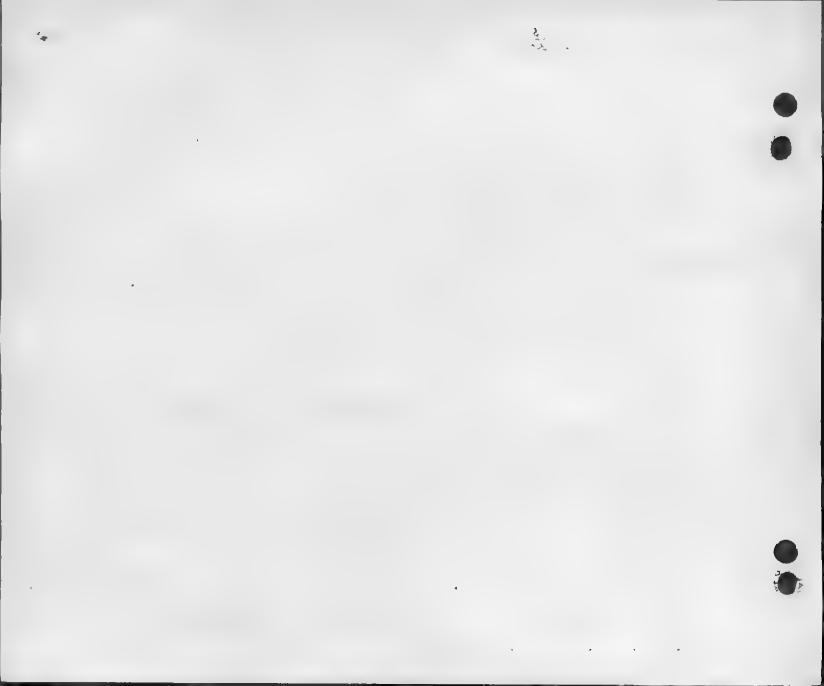
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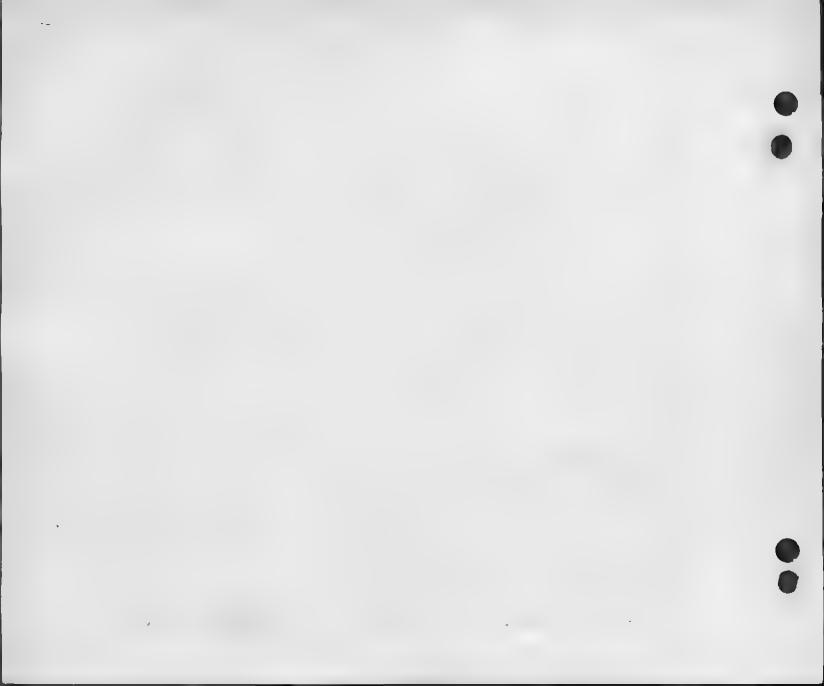
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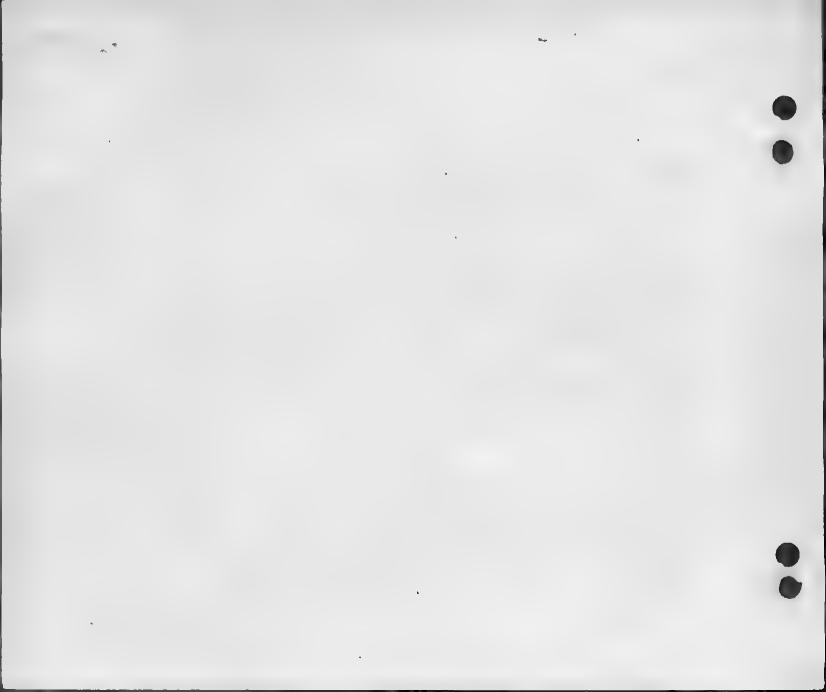
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R. C. R.	ACTUAL ACTUAL AND BKILOS MASSELLA A TIME VITE IN THE COUSES and on the gate stored above ADDRESS (Street, city or town, store) The part stigned signature A time with the standard of the store of the s
Septer Of September 1	PHYSICIAN'S NAME (Type) Wilton B. Kness, r.D. Towson 4, Main land
O HO Poge The re	220 BUR AL, CREMATION 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Store) CREMATION—TRANSIT 5/9/61 ROSEHILL CEMETERY LINDEN NEW JERSEY
VS A15 (4) 15M 10/57	40 tim Bullio Sons Lowson, Ad. Date MAY 11 '61 Circling & Kroma



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before udinaxion) . COUNTY 5 COUNTY MARYLAND b. CITY OR TOWN at a 1s de corpo ate timb in the R. RAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Limits, write RURAL and give negrest fown). Dundalk d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Dan /17 proper passet Dans און חוד מון און 3. NAME OF DECEASED OF (Type or print) DEATH 6 COLOR OR RACE TO MARRIED TO NEVER MARR ED TO, 8 DATE OF BRITH 9 AGE myers IF UNDER TYEAR IF JINDER . 4 HR 5. SEX Months, Days | Hours | Min. WIDOWED | 100 USUA. OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITITEN CENVENTS Burns most of warting life more y prired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Harvey Carmack Marvann Henlev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT 育品 Address 18 CAUSE OF DEATH [Enter only one course per line for (o) (b), and (c) 6 32 A v v F PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying couse lost. FART HI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01139 Y/AS SUTOPSY PERFORMED? 206 DESCRIBE HOW INJURY OF RPCD (Enter nature of injury in Part I or Part II of frem 18.) 200 EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Manth Day, Year factbey, street, office bldg , etc.) While Not while Hour o. m. at work of work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry I and in p.y. opinion death-cesulted fram. Natural causes [] Accident [], Suicide [], Hamicide [] Unde'ermined manner DATE SIGNED ACTUAL E/ " M.D. CHIEF MEDICAL EXAMINER [7] SIGNATURE Melvin R. Davia, M.D. **EXAMINER'S** DEPUTY MEDICAL EXAM NER TO NAME (Type) 720 BUR AL CREE ATT I 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION City lown for county). TREMOVALL De IV. 90 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REG STRAR S SIGNATURE T. DI'DA 7000 Hise Ave. 22 Mid. VS. ASSME

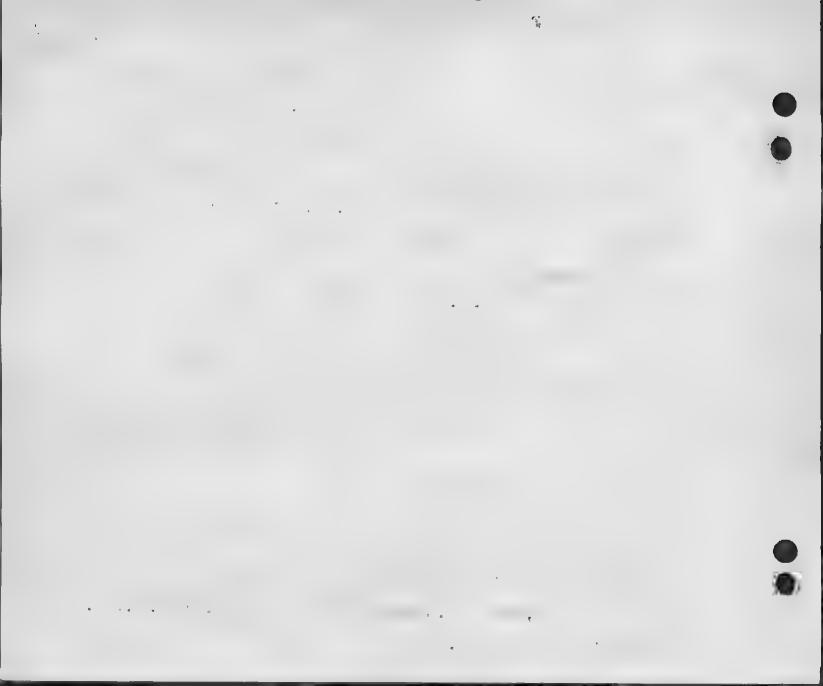


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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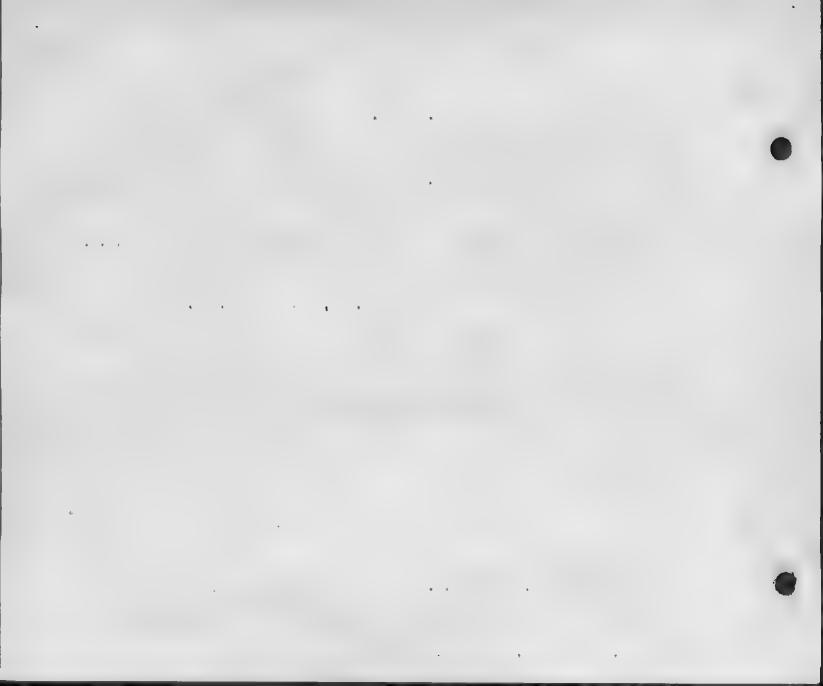
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 2 USUAL RESIDENCE Where deceased lived, If institution: Residing 1 PLACE OF DEATH a. COUNTY 5. COUNTY Baltimore MARYLAND 가는 기가 bi CITY OR TOWN of putside corporate limits. e CITY OR TOWN | outside corporate limits write RURAL and and new est income LENGTH OF STAY IN 16 中で write RURAL and give nearest town). Hrs. 20Min. Fort Howard Pikesville .= lled ir Pages d. NAME OF HOSPITAL OR INSTITUTION of not in hospile, give street eddress, d STREET ADDRESS a. 15 RES DENCE ON A FARM? YES NO 209 Veterans Administration Hospital Clarendon Avenue 3. NAME OF DATE DECEASED OF (Type or print) DEATH 9 AGE (In years FUNDER LYEAR IF UND. R 24 HRS 6 CO. OR OR RACE 7. MARRIED KINEVER MARRIED [] B. DATE OF BIRTH ast birthday Male DIVORCED [WIDOWED 10e USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE Courly & Store or foreign country 12. CITIZEN OF WHAT COUNTRY? hysicia remove done during most of working life, even if retired) U.S.A. Frederick, Maryland Concrete Contractor 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please Mortimer Cecil Sarah Jane Roelkey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (Hyesgive werordetes of service) 213-26-233 tlin. Rec. VAH, Balto 18, Md. Ft. Howard Division INTERVAL BETWEEN IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY CEREBRAL HEMORRHAGE MMED ATE CAUSE (a) DUE TO ding HYPERTENSION UNKINOWN Conditions, if env. which? (6) geve rise to immediate ceuse DUE TO (e), sleting the underlying CEREBRAL ARTERIOSCLEROSIS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART , TOP5Y るモ PERFORMED? hosp.tal certificate NO THE 2CO ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER, 205 DESCRIBE HOW NURY OCCURED Internature of a gran Port I or Fart II of fem 15 20d. NJURY OCCURRED 20e, PLACE OF INJURY (Home form 20t City (nwn) 20c. TIME OF INJURY Munth, Day, Year factory, street, office bldg., etc.) While Not While WED Hour a.m. at work el work . 19 61 that 41 (we) last 21 | certify that ((this hospital) attended the decea of from 19.61, and that death occurred 4:05 PM from the causes and on the the stated above saw the deceased slive on May 226 SIGNATURE S GNED STAFF DIRECTOR 5/15/61 FUNERAL rector, page 22d ADDRESS 22c. PHYSICIAN 5 NAME ITE ARTHUR T. FAULK. M.D. VAH.BALTO 18, MD. FORT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATURY 23d. LOCATION (City lown or county) 236 BUR AL, CREMATION 236 DATE THEREUS REMOVAL 'Specify) 5-18-1961 å o å Baltimore, Maryland Baltimore National Burial 250. REC D BY REGISTRAR 256 REGISTRAR & SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRES: VR A1器 (4) circles & House 15M 9/60 Frank H. Newell, Inc. Pikesville, Maryland

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE While dischall disved if in, itshon Resid B. COUNTY **b.** COUNTY Baltimore b CITY OR TOWN , if outside ecrpo + 1 mi s ENGTH OF STAY IN 16 a CITY OR TOWN (Fouls de corporate l'mits, wn RURAL and write RURAL end give he had fown Baltimore Fort Howard days d. NAME OF HOSPITAL OR INSTITUTION if not in bospill, give street address d STREET ADDRESS ON A FARM? Orchard Street Veterans Administration Hospital YES NO TE DECEASED Type or print DEATH CHAPMAN TSAAC 19. AGE (In y ers FUNDER 1 YE R IF MOFR ,6 COLOR OR RACE T, MARRIED T NEVER MARRIED 8. DATE OF BIRTH last birthday DIVORCED July 8, 1896 The Usual OCA UPATION Give kind of work 106. KIND OF BUSINESS OR INDUSTRY " BIK HPLACE y & SID'S 11 2 STORE 12 LITIZEN OF WHAT COUNTRY? done during most of working I follow in if retired) Craven County, North Carolina Construction Laborer 13 FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME English R. Chapman

15. WAS DECEASED EVER IN U.S. AR RED FORCES? 16 BOCIA. C. R. IV NO. 17 INFORMANT Maggie Ward 1 Clinical Records, "VAH, Balto, Md. (Yes, no, or unkown) (If yes give wer or dates of service) Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I INTERVAL BETWEEN 8 DAYS PART I. DEATH WAS CAUSED BY CEREBRAL HE 40 RRHAGE IMMEDIATE CAUSE IN **UNK.10MN** CEREBRAL ARTERIOSCLEROSIS gave rise to immadiate cause DUE TO (a), stating the underlying PART II OTHER SIGN FLANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 19. WAS AUTOPSY PERFORMED? HYPERTENSIVE CARDIOVASCULAR DISEASE BILATERAL BRONCHOPNEUMONIA. YES X NO T 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCUPED Enter nature of injury in Pert I or Part II of item 18 R: After 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f City or lown factory, street, office bldg., etc.) While __Not White_ et work at work 19 61, and that death occurred 11:55PMom the causes and on the date stated above saw the deceased alive on AV 5 22b DATE 22e SIGNATURE STAFF SIGNED 5/6/61 PHYS DIRECTOR PHYS 22d ADDRESS VAH. BALTO. MD. FT HOWARD DIV. JOHN D. TALBERT, M. D. 230. BURAF, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county, State BALTIMORE 28, MARYLAID BALTIMORE NATIONAL ďΟ 250 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S 5 GNATURE ADDRESS VR A15 (4) 15M 9/60 Arlington S. Phillips Funeral Home, 1808 N. Monave St. Calling & Kraus Balto. Md.

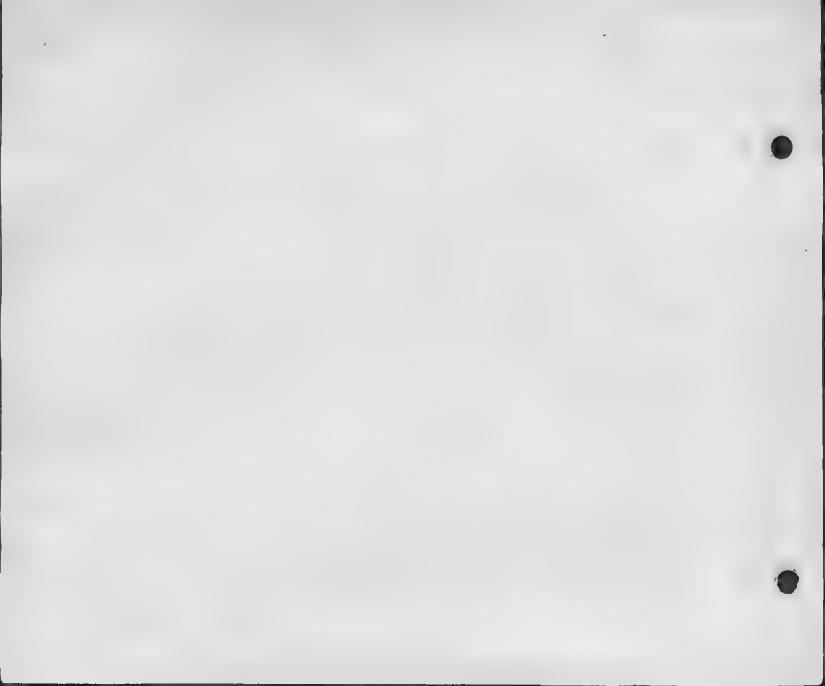


MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please each Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) COUNTY Q. STATE **b. COUNTY** BALTO. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. 15 RES DENCE d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO. A NAME OF Middle DATE First Month Yeor DECEASED OF DEATH 19601 (Type or print) 9 AGE In years IFUNDER YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED A NEVER MARRIED ical birthday) Months. WIDOWED | DIVORCED | YES. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE ISlate or forman country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STEEL MFG.K U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME may Pages 16. SOCIAL SECURTY NO Address ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONSE! AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY CATION PERFORMED? YES 🗍 NO T 20g EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. CERTIF 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18); 20d INJURY OCCURRED The PLACE OF INJURY (Home, form, 20f (Cuty or Iown)
While Not white locality street, office bldg, etc.) 20c TIME OF INJURY Month, Day, Year WED 19 🗸 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | 1. Inspection Inquiry death resulted from: Natural causes , Accident , Suicide 1 Hom'cide Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 10 🛱 SIGNATURE ASSISTANT MEDICAL EXAMINER | B. Davis, M. D DEPLTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226 DATE-THEREOF 22d LOCATION (City, town or com (State) REMOXAL (Specify) 10 246 REGISTRAR'S 5 GNATURE 240 REC D BY REGISTRAR VS. A15ME(5) DATE SM 9/55

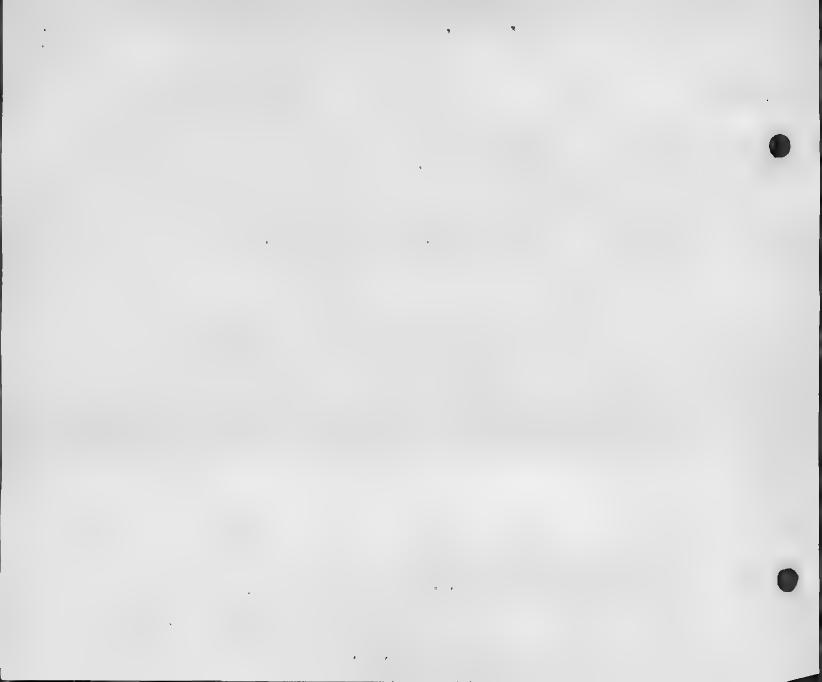
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE Where declared in d. If not take | Pro de | bcessary, or Page files. Health, e. COUNTY MARYLAND b. TY OF TOWN , I outside a reporte limits c. LENGTH OF STAY IN 15 c. CITY OR TOWN of hutside proporet limits, write RURAL idia v write RURAL and give negrest town? UNU DALK d STREET ADDRESS d NAME OF HID FITAL OR INSTITUTION if not in hospital, give street address: 1. PERSENSE ON A FARM? refained he Stale B DATE DECEASED OF the (Type or print) DEATH 7. MARRED NEVER MARRED 8. DATE OF BRITE 9. AGE my arts F INDED last b. It day | WIDOWED DIVORCED X U JAL OCCUPATION , J vo kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore on country done during no of working life even il retired, 13 HATHER SNAME 15 WA - DECEASED EYER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give we condetes of service) 18 CAUSE OF DEATH [Enter only one cause per line for (e) (b) and (c.) F TRYAL VALLEN long snsit I ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, e DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying Examiner cause last THE RESERVENCE OF FILANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF TEN IN PART 19. A A ALLOPSY CERTIFICATIO PERK THE LE 2 NO 8 EXAMINER: This 2Ds EXTERNAL CAUSE WILL 20b, DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part I, of i on 18 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief Chief of Sage 3 s 2Dd. INJURY OCCURRED To PLACE OF INT RY Home, form, 20f. (City or town مّو 20c. TIME OF NJURY Month, Day Year factory, sneet, office bldg., tc.) While Not While 作品 ind work | at work | 19 21 I certify that I took charge of the remains described above, held an Autopsy Inspection It r alvinosa on Ö please execute the certifical should be forwarded to FUNERAL DIRECTO Natural causes death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL PATE SIGNED **EXAMINER'S** NAME TV. Address 'Stenet icity their or rounty. 台 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 228 BURIAL, CREMATION A REMOVAL Specify 240 p 246. REC D BY REG STRAR | 245. REG STRAR'S 23. FUNERAL DIRECTOR ADDRESS. VS. A15ME William S. Munda FUNERALHOME DUNDALLUMO 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF, STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decreesed liv d. finst tuhen R ... 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerast town) write RURAL and giva nearest lown) .E 1 FORT HOWARD 20 DAYS BALTIMORE Pages 8 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) STREET ADDRESS a. IS RESIDENCE ON A FARM? YE .. NO completery papers. 3. NAME OF Month DECEASED (Type or priot) Served as: HENRY 9 AGE IN YEST IF UNDER I YEAR and cor 6 COLOR OR RACE 7, MARRIED A NEVER MARRIED B DATE OF BRITE last birthday) | Months | Days | Hours JULY 15. WIDOWED -DIVORCED MALE 10. UNUAL OCCUPATION GIVE KIND of WORK 12 If TIZEN OF WHAT COUNTRY? гетоме 106 KIND OF BUSINESS OR INDUSTRY IT done during most of working life, aven if retired) BALTIMORE, MARYLAND FIREMAN U.S.A. 13. FATHER'S NAME 14 MOTHER , MAIDEN NAME GEORGE H. CONDON MARY REGAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgive werordates of service) CLINICAL RECORDS VAH BALTO 18 MD FT HOWARD DIV. 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKTOWN INFARCTION OF MYOCARDIUM IMMED ATE CAUSE IN DUE TO ARTERIOSCLERITEC CORONARY THROMBOSTS UNUNCEN Conditions, if any, which been gave rise to mmediate causa DUE TO (e), steting the underlying PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 19 WAS AUTOPSY PERFORMED? NO N CARCINOMA OF PROSTATE WITH METASTASIS TO BONE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH, (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW NURY OCCURED Letter nature of injury in Part Lor Part Lof item 18 : After this 20d INJURY OCCURRED 20. PLACE OF NJURY (Home, farm, 20f (City or fown) (Statistic 20c, TIME OF NIJRY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af et work | et work | 21. I certify that (* (this hospital) attended the deceased from April 13 ... 19 61 to May 3 , 1967 that XI) (we) last 1961, and that death occurred at 2:004, From the causes and on the date stated above. saw the deceased alive on May 2 226 DATE 22e. SIGNATURE STAFF ATTENDING PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c PHYSICIAN S Armen Bogosian , M.D. VAH BALITO. 18, MD. FT HOWARD DIVISION
LORY 23d. LOCATION City, town or county (Stele) rector, 230 BURIAL, CREMATION | 236 DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY REMOVAL Spec fy) O E B Baltimore, Maryland New Cathedral Cemetery - Baltimore, Maryland
258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Circling & Kraus 15M 9/60

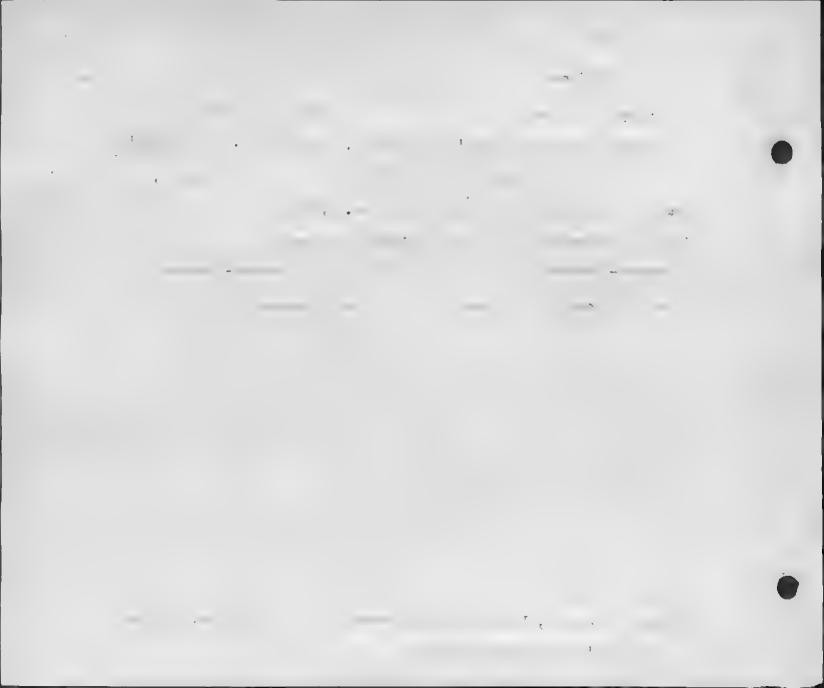


3	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	5205 CERTIFICATE OF DEATH Reg. Dist. No. U5197
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after d the fu	d NAME OF HOSPITA_(finat phospital, give street address) d STREET ADDRESS a IS RESIDENCE ON A FARM
and 2y	3 NAME OF Fish Middle ask 4 DATE Month Day Year
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Hend of the factor of the fact	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ATTEN by the CTOR: delac to bu	ADDRESS (Spreet, city or lown state) DATE, SIGN
or ned ned ned be ruld be	SIGNATURE . M.D.
NERAL 3 sho	NAME (Type) 220 BURIAL CREMATION 22b DATE THEREOF 22c-NAME OF CEMBTERD OF CREMATORY 22d NOCATION (City town or pounty) 25tote)
may TO FUB page the re	BRANOVAL (Specify) 6-2-6 Bethe/Cemetery White Hall Md.
V5. A15. (4) 15M. 9758	Lacot Hartenstein, New Freedom/a, DATE 11 2 '01 6 1 1 2 Kand



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 PLACE OF DEATH 2. USUAL RESIDENCE , Why doc ased to d, it institutes it s ... necessary, ector Page 70% f.les. e. COUNTY Baltimere Baltimore MARYLAND b TY OR TOWN if its I corpor to limits, c. LENGTH OF STAY N 16 c. CITY OR TOWN 'I outside curporate limits wille RURAL write RURAL and give neerest town) s Quarters Bowley's Quarters d. NAME OF HE STAL OR INSTITUTION (I not in hospital, a ve street addres. d STREET ADDRESS Edward's Rd. Near Bowley's Edward's Road near Bowley's Quarters Rd. B NAME OF DECERSED the COPENSPIRE Ive a orr WALTER BITRTON DEATH 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH S SI'T'M PALL AR may 2 with less birthday) | Months Days Hours Feb. 4.1888 WIDOWED [DIVORCED | TE SEC UPATION SE kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. RTHPLACE ISLE OF FEED OF STREET OF THE TOTAL done during most of working life, even if retired] ve Peges 1 PM3. Peg pages 1. Civil Service-retired Disposal Engineer Maryland 14 MOTHER'S MA DEN NAME 13 FATHER NAME Unknown- deceased Unknown- deceased 15 WAS DE ASSERVER NO 5 ARMED FORCES" 16, SOCIAL SECURITY NO 17 INFORMANT Adtase with for parmit. (Yes, no, or unkown) | (If yes give werordeles of service) Family Records 13. CAUSE OF DEATH it mer only one cous power for a board . LONSET AND DEATH ,MMED, ATE CAUSE . 8) Office burial-t DUE TO Conditions, if any, which " geve rise la immediate cause Us 10 DUE TO (a), stating the underlying ANT ON ION STATES, ING 17 DEATHS TONE SHEET BETTER TON ON WENE EAST PERFORMED Medical Ex should b CERT PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Tid. INJURY OCCURRENT 21 PLACE OF INJURY Home, Jarm 221, ity or lown 20 TIME OF BUILDRY WINTER Y YOU age to bu Not write ---taclory at at office bldg, etc.) Welle at work | et work | 080 forwarded to t 21 I certify that I look charge of the remains described above, held an Autopsy l. pectron 1 Undetermined manner Natural causes M. Accident Suicide Homicide death resulted from. CHIEF MEDICAL EXAMINER : îne. ACTUAL DATE ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER T NAME " 22E NAME OF CEMETERY OR CREMATORY 22a BURDA CREMATION 22b. DATE THEREOF 22a LOC JION City, tow REMOVAL (Specify) Parkville, Maryland June 1, 1961 Parkwood Cemetery O 40 p Burial 1 246. REC'D BY REGISTRAR 246. REGISTRAR'S S GNATURE 23. FUNERAL DIRECTOR VS. A15ME John Burns' Sons, Towson, Maryland DATE JUN 1 C. Thurs P. The

MARYLAND STATE DEPARTMENT OF HEALTH



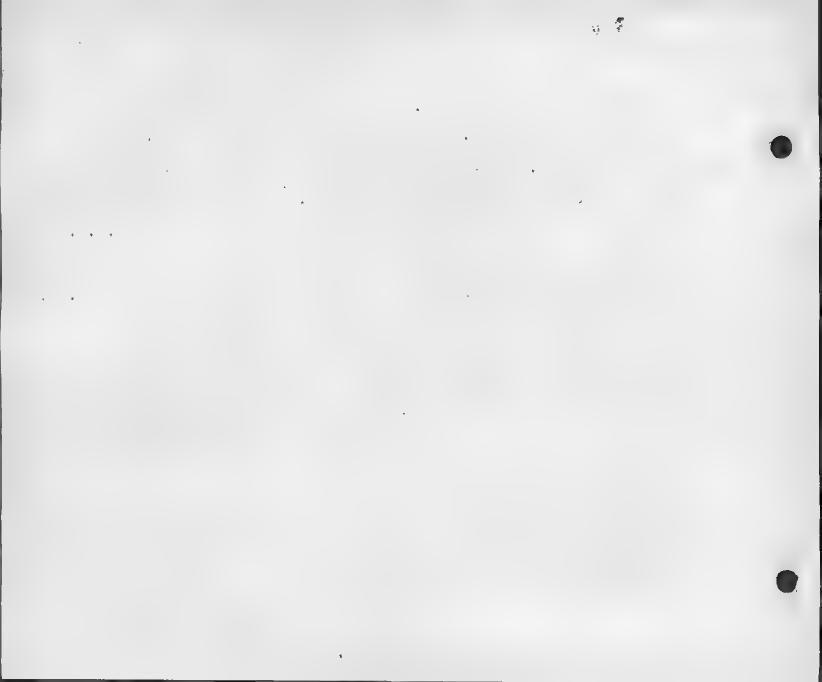
HOR STATE MALTH DEPT. TO DE. If MEDICAL EXAMINER: The certificate should be executed within 24 hours after death. If a py is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the Lines I dractor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-bransif permit file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. Ç VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5199

1. PLACE OF BEATH a. COUNTY	2. USUAL RESIDENCE (When deceated lived it institution field at the state b. COUNTY					
Talfimore MARYLAND	a. STATE					
bi CITY OR TOWN in our de comprete limits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, which RURA, and live limits)					
write RURAL and give nearest town) Rois for material	Hampstead **					
d NAME OF NO PITAL OR INSTITUTION, if not in hospitally ye still fladdriss	d STREET ADDRESS (5 Re 19 CE					
Hanover Road	ON A FARM					
3 NAME OF First Midal	Last 4. DATE Molh 2017 Year					
DECEASED	OF .					
Type or printl Arthur C.	Cullison DEATH May 6, 19 1					
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BRILL 9 AGE y FUNDER 1 YEAP 10					
Male , Thite WIDOWED DIVORCED K	Dec. 28, 1996 74 yrs Meth way for Min					
done during most of working life, even if refired)	RY II BRITHPLACE Season foreign stry 12 TUEN WHAT DUNTRY?					
Retired Farmer	Maryland					
1. FATHER NAME	14 MOTHER 5 MAIDEN NAME					
Charles II. Cullison	Catherine Armacost					
15. WAS CITEATED EVEN IN C. ARMED DROES? TO SOCIAL SECURITY NO. 17						
Yes, no show a fives his way date colsery carry 100 87.						
	rs. Maymond Hann "pperco, d.					
18 CAUSE OF DEATH [Extra plant of the second	k , .Eh ONSET AND DEATH					
IMMERIA E CALLETA	left leg, fracture L. thigh, 5 min.					
DUE TO Compound fracture	R. leg, Crushed chest, Fractured					
Conda - a say which to L. arm, Fractured	neck, Internal Hemorrhage.					
gava rise to immediate cause						
(a), stating the underlying						
	OT RELATED TO THE TERM MAI PISE SECONDER NOW BOND NOW OF A SECOND					
NOUS CONTRACTOR OF THE	Z Ki RA					
\delta none	ac 💢 -					
BBIMADY - CONTRIBUTING	enter natuli of injury in Part for Part illo i sem 18 (
	y auto					
	ACE Or INJURY (Home, ferm, 20 (City or town) , 'inde- tory, street, office bldg., etc.)					
2:45xxx 5-6-61 19 While Not While high	hway Reisterstown, Balto., Md.					
21. I certify that I took charge of the remains described above, h						
death resulted from Natural causes Accident 😿 Suit	cide . Homicide . Undetermined manner					
	CHIEF MEDICAL EXAMINER					
SIGNATURE 2. 2. Eaglis	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
SIGNATURE ALL LA	DEPUTY MEDICAL EXAMINER \$ 5-8-61					
NAME Jypa) D. D. Caples, M. D., 6 Hanover						
220 BURIAL CREMATION 226 DATE THEREOF 220, NAME OF CEMETERY O						
REMOVAL (Specify)						
Burial May 8, 1961, St. Paul Cemetery Upperco, Md.						
	HAVE O ICI CE II IN E THANK					
Tipton-Eline Funeral Home Hampstead, Md	DATE					



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence a. COUNTY **b** COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside carporate limits, writec. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest fown RURAL and give nearest town) Arbutus Arbutus d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? Sulphur Spring Rd. 1317 Sulphur Spring YES NO TO NAME OF M dd e DATE DECEASED Conrad E. Denhardt (Type or or of DEATH MAY 19 9 AGE In years IF NDER LYEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED TENEVER MARR ED B DATE OF BIRTH 85 yrs Months Days Hours Min Male White April WIDOWED | D YORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT COUNTRY? Packer and working life, even if retired) Straw Hat U.S.A. Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Unknown with w IS WAS DECEASED EVER NO S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes_np. or enknown) Frieda Denhardt 1317 Sulphur Sp.Rd. tending INTERVAL BETWEEN 1B CAUSE OF DEATH [Enter only one cause per the for (a) (b, and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (6) voter Cardeo -110mm 2 Canditions if any, which permi (b) paub gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit been : NOL PART II. OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALID SEASE CONDITION GIVEN IN PART (9) PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Epifer nature of injury in Part I at Part II of Hem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame farm, 20f (City or town) Day, Year 20d INJURY OCCURRED (State) factory street, affice bldg etc. Not while While at wark 🔲 at wark that (1) (we) last and that death accurred at a LaM. from the causes and an the data stated above saw the deceased alive and DIRECTOR 220 S GNATURE MED D RECTOR [] 22c PHYSICIAN'S 22d. ADDRESS plan NAME (Type) FUNER/ 2.9 B RIA. CREMATION, 236 DATE THEREOF REMOVAL (Specify, 296 REC'D BY REGISTRAR 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | Finst Lition | Residence before admission o. COUNTY o. STATE **b.** COUNTY MARYLAND Baltimore Marvland altimore b CITY OR TOWN (If outside corporate I mits, write c LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) Timonium Timonium d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Deep YES NO 17 Home Deep Dale Drive Dale 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED death (Type or print) DEATH Donald DeVesty 19 61 5 SEX MARRIED TO NEVER MARRIED 8 DATE OF BRITE 9 AGE (in years FUNDER 1 YEAR IF UNDER 24 HRS lost birthooy) Months Doys DIVORCED [7] WIDOWED [00 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? New Jersev Insurance Agent nsurance 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Edward DeVestv Minnie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address (Yes, no, or unknown) -01 Anita DeVesty 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) **DUE TO** HETERIOSCLEROSIS Conditions if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost CERTIFICATION PARY I OTHER'S GNIF CANTICOND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 3-19. WAS AUTOPSY emation, PERFORMED. □ NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home form 20f (City or town) 20d. INJURY OCCURRED (County) (Slote) Hour o.m. factory, street, office bldg., etc.) While Not while p m of work of work 21 I certify that (I) this haspital) altended the deceased from 21 APPLIL that and that death accurred to saw the deceased alive an from the causes and an the date stated above 220 5 G ATTENDING M D PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS 230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City lown, or ounty) REMOVAL (Specify) George Wahh. Memorial Paramus N.J. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR brooks Funeral Service Towson 4.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1159112

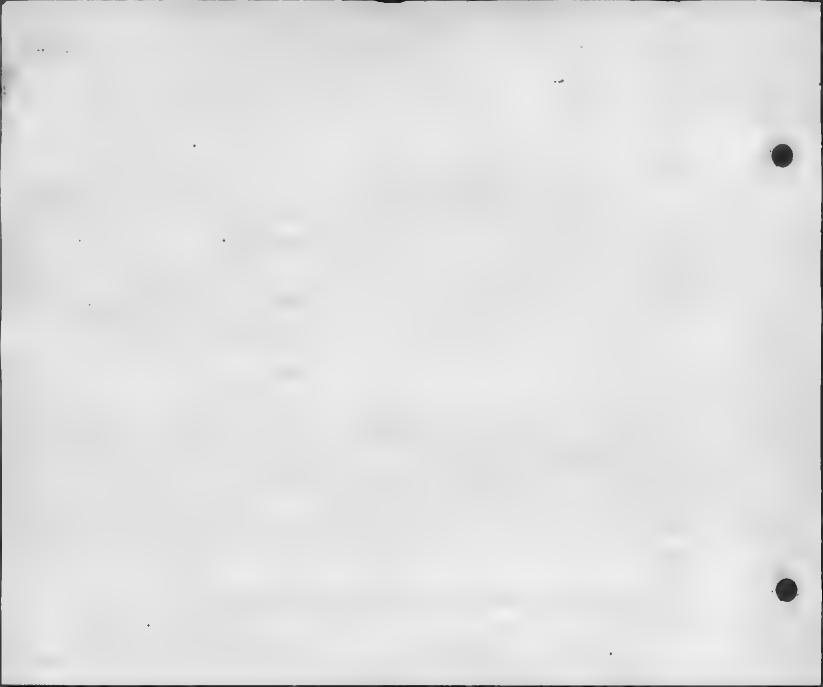
1. PLACE OF DEATH e. COUNTY		2 USUAL RESIDENCE (When dee	ceased yed if a uron, Risc.	n table 4 Groni
b. CITY OR TOWN (if outside corpore write RURAL and give neerest to		c. cir. On 10 mm if outside corpo	Ltilore	nearest town
d NAME OF HOURIAL OF INSTITUTE	i on	o STREET AUGRES		A RESPENSE
3 NAME OF DECEASED	First Middle	. 500 Hilton Av	Annth Des	Yeer NO [3]
Type or print) Transfer Till S SEX 6 OLOR OF		DEATH DEATH 9	ALE IN COLUMN TWO	19 HRS
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15 WAS DECEASED EVER IN U.S. ARMI	ED FORCEST 16. S JOTAL SEC IR TY NO 17	INFORMANT IN	C. Calanda e e Address	.48
270	None	matrix cont.	S 1/4 6	1, 1
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ОТА				PERFORMED?
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	hospital) attended the deceased from	neay 1 , 1961, to	Theay 50, 1961.	that (1) (we) last
saw the deceased alive on	Mey 50 1960 , and th	at death occured at. TAM, from	the causes and on the	
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220 PHYSICIAN'S NAME ITYPH	(1011 Fraker	exta Bee	10 28
236. BURIAL, CREMATION, 236. DAT REMOVAL (Specifi		Y OR CREMATORY 23d. LOCA	ATION (City, town or county)	(State
4-7 - 61-4	2 2 11 .	31.6 1227	· · · · · · · · · · · · · · · · · · ·	7 mm
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		RAR 256 REGISTRAR'S S GN	
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission COUNTY 6 COUNTY MARYLAND Baltimore Baltimore Co b CITY OR TOWN (Fauts de carporale limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). RURAL and give nearest town? Rural Baltimore 29 Baltimore
d NAME OF HOSPITAL (If not in hospital, give street oddress)
or INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? 5417 Misefield Rd 5417 Masefield Rd YES TO NO T 3 NAME OF Middle DATE Year DECEASED ELIZABETH DILL (Type or print) DEATH Mass 1061 5 SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years last birthday) Months WIDOWED THE DIVORCED [7] 100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CIT ZEN OF WHAT COUNTRY during most of working life, even if retired) Housewife Baltimore Mw. U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Walters Horst 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 219-20-8812 Mary Wilhelm 5417 No Masefield Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH arienoseluctio C.V mene PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which) (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. (c)_ PAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY PERFORMED? YES TO NO KIT 200. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INUJRY (Home, form, , 20f (City or lown) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. of work of work ... 19.50 21. I certify that I attended the deceased from ...that I last saw the deceased alive on_ and that death accurred at M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) ACTUAL EDMUYDSON SIGNATURE ø PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (State) Western Cemetery Baltimore Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE John M. Weber 5311 Edmondson Ave DATE + 1 1 1/61

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) · COUNTY 4 ENT LAND 6 COUNTY P. MARYLAND b CITY OR TOWN (If outside corporate limits, write | c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town RURAL and give nearest town) Mir land d NAME OF HOSPITA, (If not in haspital give street address) B IS RES DENCE OR INSTITUTION ON A FARM? MI. JUEDIN YET NO NO 3 NAME OF M dd e 4. DATE Year DECEASED OF (Type or print) DEATH 9 AGE 'In yours FUNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED | 8 DATE OF BIRTH lost birthdoy) | Months | Doys | Hours | Min W DOWED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8US NESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) CACE 12 5 ? 13 FATHER'S NAME 114, MOTHER'S MAIDEN NAME FNAVEYAV CARELINE WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Yes, no, or unknown) | (If yes, give war or dates of service) The standard Paragraph 314 THIS a Chaka Hamile. INTERVAL SETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and c)] PART I DEATH WAS CAUSED BY MMED ATE CAUSE (0) DUE TO Conditions, Fony which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART I OTHER'S GN HICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1 0 19 WA A TOPSY PERFORMEDA YES R NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TME OF NURY Month Day Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home form 20f (City or town) (County) (Stote factory, street, office bldg., etc.) While Not while of work of work 21 I certify that (1) (this hospital) attended the deceased from 2 11/2-1957 to 5 _, 19 / that (1) (we) last saw the deceased alive an 5: 7: 196/ and that death occurred at 1 2 M, from the causes and on the date stated above 220 SIGNATURE 5 JINEL MED PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23b DATE THEREOF 230 8 R AL "REMATION 23c NAME OF CEMEJERY OR CREMATORY 23d LOCATION IC by fown or faunty sig! REMOVAL (Specify, 6-2011 1111 24/ FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REG STRARS SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND l directar f,led with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved 11 institution. Residence before admission a COUNTY Balto. a STATE Maryland **b** COUNTY MARYLAND funeral b. C. TY OR TOWN (if outside corporate imits, write-C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate im ts, write RURAL and give nearest town) RURAL and give nearest town) plup Arbutus Bal.timore Arbutus d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS 5515 Delores Avenue Dolores Ave. YES NO 3. NAME OF First. Middle Last DATE Month Year DECEASED В. Durken (Type or print) Katherine DEATH 19 6 6 COLOR OR RACE / MARRIED | NEVER MARRIED | 5 SEX FUNDER 1 YEAR! IF UNDER 24 HRS Months Days Haurs 5/29/88 W DOWED MA DIVORCED -100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Md. None puo роп 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ysician Dorothea Zang Karl Zephir 0 ng physi e remave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT fd Address IVes no. of unknown Family - Same Ø 18 CAUSE OF DEATH [Enter on y one cause per line for (a) (b) and (c) MTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a DUE TO Conditions, if any which gave rise to immediate DUE TO couse (a), stating the underlying cause last. has been PART ILL OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,0 19 WAS AUTOPSY PERFORMED? YES NO M 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) Haur a. m factory, street, office bldg., etc.) While Nat while at work at work After 21 I certify that (I) (this haspital) attended the deceased fram. ped that (I) (we) last FUNERAL DIRECTOR: A 6. and that death accurred at ELDM, from the causes and an the date stated above. saw the deceased alive an 220 S GNATURE ATTENDING DIRECTOR T 220 PHYSICIAN'S 22d AUDRESS NAME (Type) 23g BUR AL CREMATION 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Sper fy) Cedar Hill Baltimore Buria^{*} 0 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A1S (4) McCully Funeral Homes 130 E.Fort Ave. #30 29 61 15M 9/59 Clathy & King



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. If institution. Residence before admission, a COUNTY a STATE **b.** COUNTY MARYLAND Baltimore Paltimore Marvland Funera c. CIFY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 e e RURAL and give nearest town) TO Cockeysville Cockeysville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Samona Rd YES 🔲 NO 📆 Samona Road NAME OF 4. DATE First Middle Month Day DECEASED **OF** oges DEATH 'Type or print) Clinton Edward Eckert death 19 61 FUNDER LYEAR IF UNDER 24 HRS S SEX AGE (In years 7 MARRIED NEVER MARRIED 1 last birthdoy) Months Hours Days Male DIVORCED T W DOWED | OFF 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fare gir country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Balto Gas&Elect !'.S.A. Meter installer Maryland carbai 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cian Ellen Fowler Maye Joseph Eckert physic 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address 00 No Geo. H. Riley Samona Rd Cockeysville.id. ottende CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).1 INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO à Conditions, Fany which gave rise to immediate per **DUE TO** cause (a), stating the underlying couse last peen : burial-trans PART II OTHER'S GN F CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 110 19 WAS ALTOPSY phys PERFORMED? hos YES NO NO ottending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of in vey in Part I or Part II of item 18) certificate the DICAL 20c TIME OF INJURY 20e PLACE OF NJURY (Home form, 20f (City or lown) 20a INJURY OCCURRED County' (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 2) I certify that (1) (this haspital) attended the deceased fram. that () (was last and that death occurred at 4 AM saw the deceased alive an from the causes and an the date stated above ed by the DIRECTOR: 220 SIGNATURE ATTEND NG ALD. D RECTOR Board 22c PHYS CAN S 22d ADDRESS NAME (Type FUNERAL 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIA, CREMATION. LOCATION (City lown, or county) REMOVAL (Specify) Sparks 'aryland huria Jesson Meth 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a REC D BY REG STRAR Service Towson 4, Karyland MAY VR A15 (4, 15M 9 59



ND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Whata daceased by It institute Pis are but a. COUNTY **6 COUNTY** MARYLAND CHTY OR TOWN IT outside corporate limits. . c. LENGTH OF STAY IN 16 e. CITY OR IQWN if outside corporate in its, we RukAuland write RUMAL and give neered to e. IS RESIDENCE ION A FARM? 3 NAME OF DECEASED DEATH (Type or print) 5 SEX AGE (In year) F JNDER TEAR IF JNC &R 2 HRS 7 MARRIED NEVER MARRIED 10a WOUAL OCCUPATION (Give kind of work 12 IT ZEN IF WHAT COUNTRY? done during most of working if a even if retited aftending physic Then please remo-val, and in any e Clined Winder Winder 13. FATHER , NAME 14 MOTHER & MAICEN NAME Then 15. WAS DE LEASED EVER NUS, ARMED FORCES 16 GOGAL TECURITY NO 17, INFORMANT (Yes, no, or unkown) (If yas give war ordatas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 2 days IMMEDIATE CAUSE (a) Pneumonitis, bilateral DUE TO Conditions, if any, which Bronchiectasis, bilateral gava risa lo immadiate cause DUE TO (a), stating the underlying has PHYSICara-the hospital or all this certificate has Emphysema, pulmonary, bilateral unknown PART II OTHER SIGN FIGURE ON LONG CONTRACTOR OF A HOUSE OF A CONTRACTOR OF A C 9 W A 1 "SY PERFORMED YES NO X OR CONTRIBUTING [] CAUSE OF DEATH 206 DESCRIBE HOW IN JRY OLC PRECE or she of surp in Part I Part Int family (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. I ME OF INJURY March Day, Year 20d INJURY OCCURRED . PLA : Of No RY Home farm 201 - ry or low factory, streat, office bldg., atc.) While __Not While __ (Hour a.m. at work at work Aug. 19 6], Hal (1) (3030 last 21 | certify that it (this hospital) attended the deceased rom-1961 saw the deceased alive on 226 DATE 22a SIGNATURE ATTENDING STAFF PHYS 1 DIRECTOR. PHYS , 22d. ADDRESS 22c PHYS CIAN'S low Hill Ave., Baltimore 29 Ad. NAME ITEM death Co FUNE director, be filed v ZJe, NAME OF CEMETERY OR CREMATORY 23d LOCATION City, Limit of 235 BURIAL, CREMATION , 236 DATE/THEREOF/ REMOVAL (Specify) 25a REC D BY RECISTRAR 256 REG STRAR 24 FUNERAL DIRFCTOR'S 5 GNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived Firstitut on STATE DECOUNTY) MARYLAND ASSTATE COUNTY

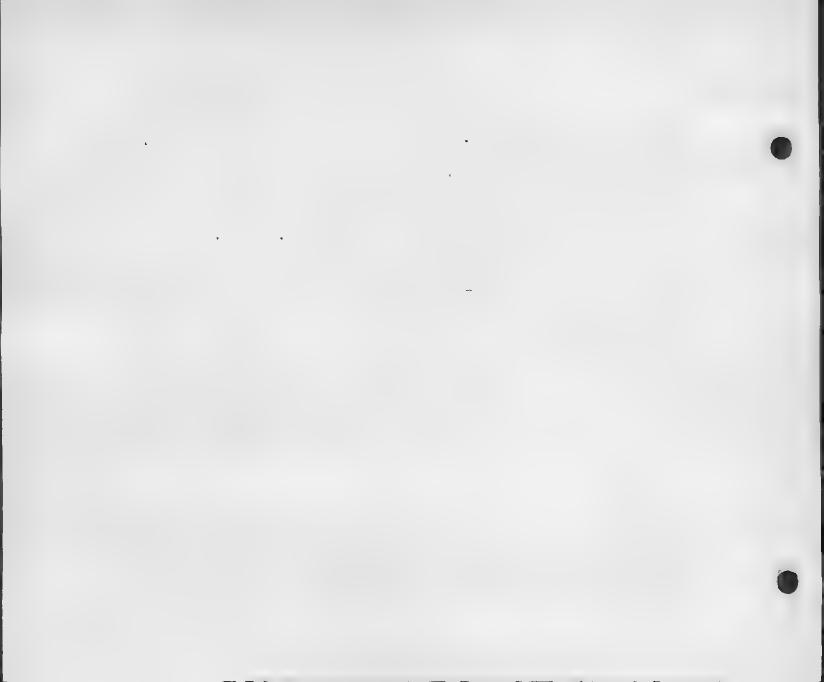
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PLACE OF DEATH C COUNTY	2. USUAL RESIDENCE (Where deceased lived Finistitutian Residence before admission)					
MARYLAND	a STATE b COUNTY					
b CITY OR TOWN (If autside carparate I mits write c LENGTH OF STAY IN 1b RURA; and give nearest town)	c C TY OR TOWN (If outside carporate limits, write RURAL and give neares) tawn)					
Raynesville Life	Baynesville					
A MARIE OF HOSPITAL (C.). A C.	de STREET ADDRESS 6 IS RES DENCE					
OR NSTILTON	ON A FARM? YE O NO D					
3 NAME OF F131 Middle	Last 6. DATE Manth Day Year					
DECEASED (Type or print)	OF DEATH					
The state of the s	B DATE OF BIRTH 9 AGE (In years IF UNDER YEAR' IF UNDER 24 HRS					
WIDOWED DIVORCED	Town 1391 ast birthday) Manths Days Haurs Min					
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU						
during mast af working life even if relired)	- 4					
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
S. CHILDRIC & MARKE						
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 II	alinic jo an					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17 III	NFORMANT Address					
Nove	rs. rrict.					
1B CAUSE OF DEATH [Enter an y one cause per line far (a _,b), and _c)]	INTERVAL BETWEEN ONSET AND DEATH					
PART DEATH WAS CAUSED BY MMED ATE CAUSE (a)	1 123-100					
DUE TO A						
Conditions, if any which) (b)	in the same					
gave rise to immediate cause (a), stating the under						
lying cause last	red orteres ler-212					
E E	PERFORMED? YES \(\text{NO } \text{T} \)					
PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part) or Part II of item 18.)					
3 20c TIME OF NIJRY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF NIJRY (Home farm 20f (City ar rawn) (Caunty) (State)						
20c TIME OF NJJRY Manth, Day Year 20d INJURY OCCURRED Haur a m While Nat while farlary street aff ce bidg, etc.) P. m. 19 at wark at wark						
21 1 certify that (1) (this hosp ta Vateholded the deceased from of 10 162 189. to 0 1 190 / that (1) (we) ast						
saw the deceased alive an 15 / 19 , and that death accurred on 1. M, from the causes and on the date stated above						
220 S GNATHE 226 DATE GNED STAFF 226 DATE						
X TO I TO I TO MAD PHYS DIRECTOR PHYS I						
NAME Typei /						
236 BUR AL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City fawn arrounty State						
man by the second of the secon						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REG STRAR 256 REGISTRAR'S SIGNATHIRE					
Lasialus to mera Cottone 7401 (Polnie Ved, DATE MAY 9 01)						

s after death Page 4 by the funeral director, a 2 should be fided with TO FUNERAL DIRECTOR: After this certificate has been 8 gared by the attending physic an and completely filled in page 3 should be detached for use as the burial-trans tipermit. Then please remove carbon papers. Pages 1 and the State Baard of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSP

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VR A1S (4) 1SM 9759



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Reside to b. a. COUNTY a. STATE 200 BALLTIMORE MARYLAND by the and 2 death, b. CITY OR TOWN (if subside corporate I m ts, C LENGTH OF STAY IN 16 c CITY OR TOWN of outside corporety I mile, with RURAL wn RURAL e. d g ve neerest town) FORT HOWARD HANOVER d. NAME OF HUSPITAL OR INSTITUTION of not in hospital, give strest eddens ON A FARM? VETERANS ADMINISTRATION HOSPITAL 3. NAME OF 4. DATE Year DECEASED OF (Type or print, HENRY Α. DEATH 19 6 COLOR OR RACE | 7 MARRIED | NEVER MARRIED B DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS BI yrs. | Months February 18, 1880 WIDOWED TX DIVORCED ding physician a lease remove c ld in any event 100 USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR NOUSTRY . BIRTHE, ACE County & State or fore an country done during most of working life, even if retired) Government (City Washington, D. C. Stationery Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple CHARLES ERICH ROSE A BROWN Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANTLIN. RECORDS, VAH, BALTO. MD. (Yes, no, or unkown (Ifyes g vewer or detes of service, SPANISH AMERICAN Φ FT HUWARD DIVISION 18. CAUSE OF DEATH [Enter only one couse per line for e b), and c INTERVAL BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: UNKNOWN IMMEDIATE CAUSE (# COR PULMONALE DUE TO Conditions, if any which UNKNOWN geve rise to immediate couse DUE TO (a), storing the underlying cause lest the burn PART COTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH 6 /T NOT RELATED TO THE TERMINAL DISEASE CONDITION OF AN IN PART 13 certificate PERFORMED. ARTERIOSCLEROSIS, GENERALIZED 10 1 4 20a AL DEN' WAS UNLERLYING 20b. UES CRUBE HOW INJURY OCCURED. Enter nature of injury in Part 1 or Family in 1.1 OR CONTRIBUTING I'I CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by the CCTOR: After this and be detached f 20c TME OF INJURY Month, Day, Yeer 20d, NJURY OCCURRED 20. PLACE OF INJURY , tiom , fairs , 26 City or own Not While factory, street, office bldg., etc.) et work at work 21 I certify that M (this hospita) attended the inceased from February 14, 1961, to May, 26. 1961, that (X) (we) last DIRECT
3 should I 1961, and that death occurred 5:50RM from the causes and on the date stated above saw the deceased alive on May 26 2.2a SIGNATURÉ ATTENDING DIRECTOR [] FUNERAL Dector, page 3 726 PHYS LANS 22d ADDRESS DONALD W. STEWART, M. D. VAH, BALTIMORE, MARYLAND, FT HOWARD DIV f..ed v 23d LOCATION Laty, tow or county 23a BUR AL CREMATION , 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Sp. cify, 0 5 3 5608 Dogwood Rd. Woodlawn Md. LORRAINE PARK 250 REC'D BY REGISTRAR 250, REGISTRAR & SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE JUN 1 15M 9/60 Austin E. Donovan Funeral Home, 3818 Roland Ave. Baltimore, Maryland



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bives after death. Page 4 may be need by the hospital or attending physician.

TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and complete y filled by the funeral director, page 3 should be detached for use as the burial-transil permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, at removal and in any event within 72 hours after death.

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VS ATS (4) TSM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

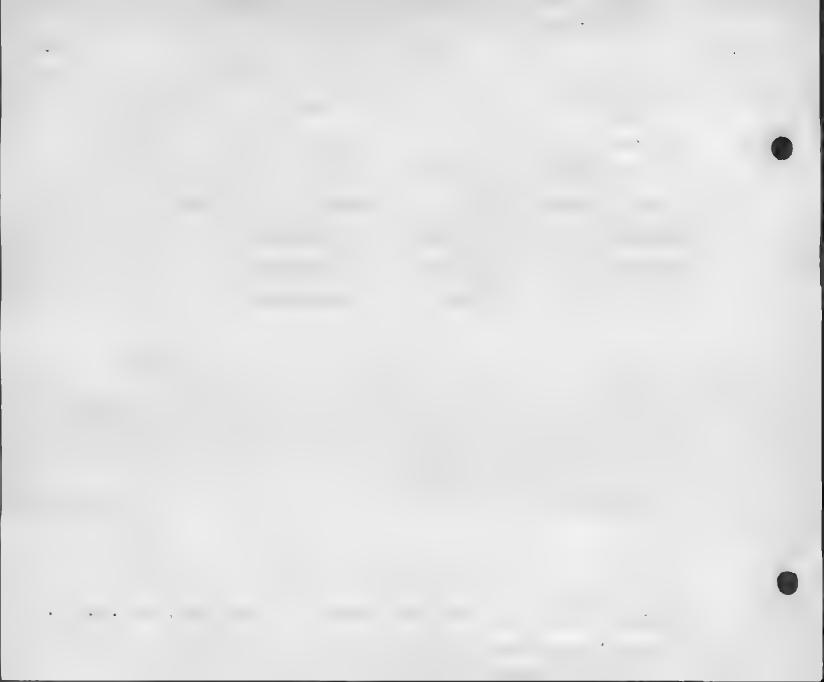
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.777	Reg. Dist. No.
1 PLACE OF DEATH a COUNTY	2 USUAL RESIDENCE (Where deceased lived II institution Residence before admission) a STATE b COUNTY
Balt nore MARYLAND	Maryland Balt ore
b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town,
Catonsville 17 days	Catonsville
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d, STREET ADDRESS e IS RESIDENCE ON A FATM
SPRING GROVE STAE HOLFITAL	007 Academy Goad
3 NAME OF First Middle	Losi 4 DATE Month Day Year
(Type or print) Rose	Esterle DEATH May 14 19 61
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HR
female white widowed] Jepoworced [Oct. 19, 1881 The Months Doys Hours Min
Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	
housewife	Maryland U. S. A.
3 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Hilip E. Kelly	Margaret Torpy
S WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (You no or unknown) 1 (17 year, give wider or darless of service)	INFORMANT Address
	Records: 3 PRING GHOVE 3 TAE HO 17 I
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	c cardicyascular disease
DUE TO	
Conditions if ony, which (b) Generalized ar	terioscl crosis
couse (a), slating the under-	
lying couse lost.) (c)	
PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED?
PAINT II OTHER SIGN FICANT CONDITIONS CONTR BUT NG TO DEATH BU	YES NO D
206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f (City or town) (County) (5tol
Hour a m While Not while for work at work at work	octory, street, office bldg. etc.)
21 1 certify that I attended the deceased from April	28, 19 61, 19 hay 14, 19 61, that I lost saw the decea
The state of the decease with the state of t	The same deced
olive an individual state of the control of the con	h occurred atM, from the causes and an the date stated abo
ACTUAL S. S. S. C. C. S.	ADDRESS (Street, city or lown, stole) DATE SIGN
SIGNATURE PLANTE / MUCCUSCO	MD SPRING GROVE 3 TARE HOS TEALS 5-15-
PHYSICIAN'S	
NAME (Type) Sterla Wachsler, h. D.	Caton. ville_28, Ld
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY (REMOVAL (Specify)	(side)
	Mary's Cem. LaFayette, Indiana
3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 246 REG STRAR S SIGNATURE
Consider projectful House Caton	sville Mibate All " " o Ca " A though



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
-	5222. CERTIFICATE OF DEATH (15914
after unerral hould	1. PLACE OF DEATH , 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before before homeston)
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hou in the saff hearth	b CIY OR TOWN, fouts do corporate limits, c LENGTH OF STAY N 1b c CIY OR TOWN (fouts discorporate limits, write RURAL and in piece still with write RURAL and give neerest lown)
24 Inby	Towson
th.n led ages s aff	d NAME OF HOSPITAL OR INSTITUTION, Final in hospital, give street address, distribution of STREET ADDRESS
P. A. F.	Green Pasture Drive Green Fasture Drive YES NO [4]
ulter allete	3. NAME OF First Middle Lest 4. DATE Month Dey Yeer DECEASED OF
omo omo n n	(Type or print) Ellen Eyre DEATH May 1, 1961 19
be of the control of	S SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B DATE OF BRITH 9 AGE (In yeers IF UNDER 1 Y- AR IF UNDER 24 HRS last birthdey) Months Days Mours Min.
ent,	Female White WIDOWEDT DIVORCED March 1,1877 84 yrs Months Devis Months Devis
s cia	dons during most of working life, even if retired)
cer phy e rei	Housewife Own Home Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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direct the state of the state o	Burial May 4,1961 Providence Cemetery Providence, Balto.Co., Md.
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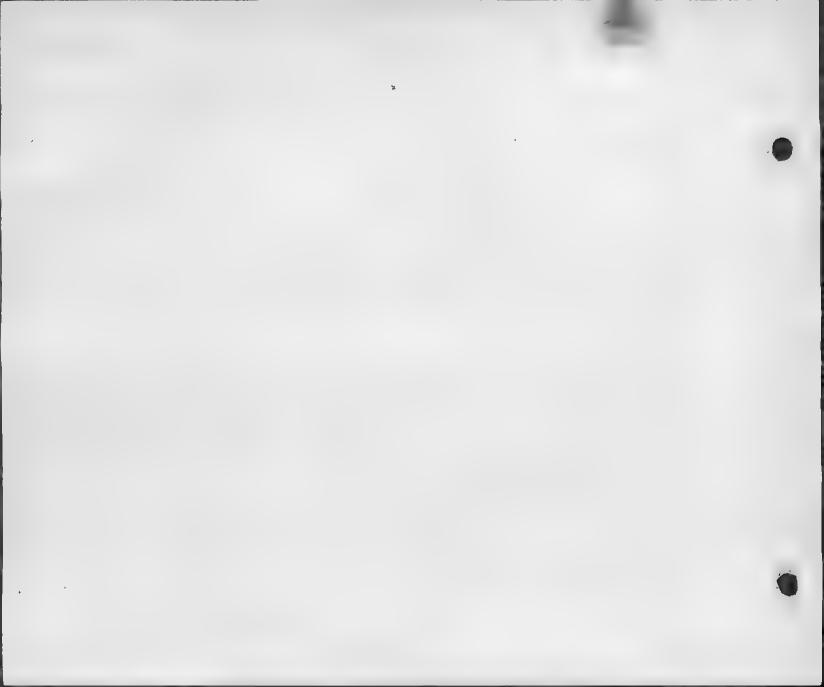
MARYLAND STATE DEPARTMENT OF HEALTH



Y	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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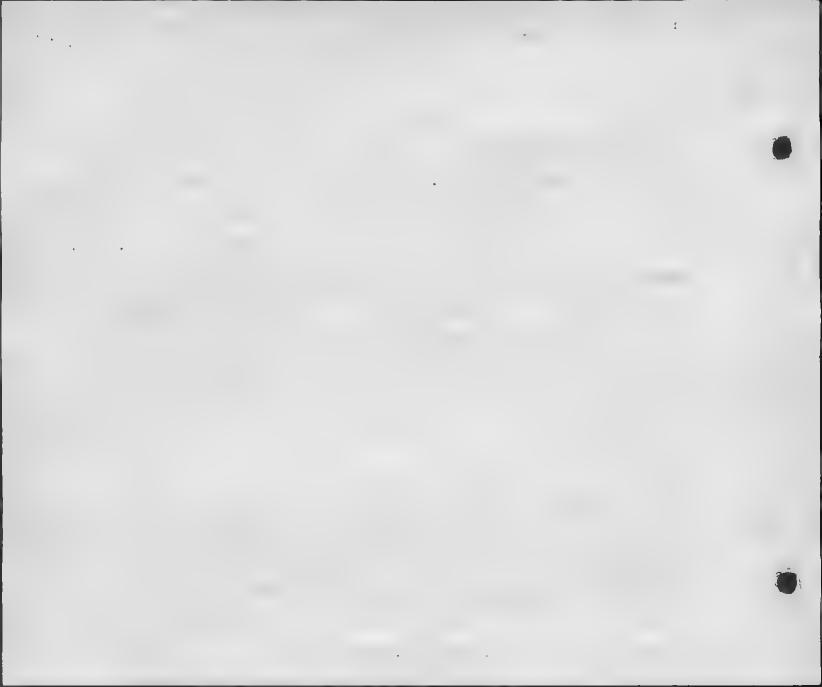


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH al director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND funeral h CITY OR TOWN (If outside corporate firm to write c LENGTH OF STAY IN 15 c. C.TY OR TÓWN (If outside corporate I mits, write RURAL and give negrest lawn) e e RURAL and give nearest town) d NAME OF HOSPITAL (If not in hosp to) give street oddress e la RESIDENCE OR INSTITUTION ON A FARM? 200 VALLE YE' NO 🖂 3 NAME OF 4. DATE M dd e Month Year DECEASED OF DEATH deoth (Type or print ages 19 9 AGE In years IF UNDER I YEAR IF UNDER 24 HRS S SEX COLOR OR RACE MARR ET NEVER MARRIED TO last birthday) Months Days NALL WIDO WED T yrs I 140 a. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11 12 CITIZEN OF WHAT COUNTRY? during most of working I fell even if retired). 13 FATHERS NAME 910 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI à NTERVAL BETWEEN CAUSE OF DEATH [Enter on y one couse per line for (o), (b), and (c)] ONSET AND DEATH a PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO ģ Conditions, if ony, which [b) gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART IL OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION OF VENIN PART IN 19 WA AUTOPSY PERFORMED¹ YES I NO 17 burial cremati 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) cafe ‡ ‡ WEDICAL 20e PLACE OF NLURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m While Not while of work at work , la_5 -24" , 196 / that (1) (we lost and that death occurred at 7/2 M. From the causes and on the date stated above 1961 saw the deceased alive on ... ned by the DIRECTOR. 220 S GNATURE SIGNED DIRECTOR T 220 PHYS CIAN'S 22d. ADDRESS NAME (Type) FUNERAL I ilson State Hostital. 236. DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY 23a BIJR A _REMATION 0 250 REC D BY REGISTRAR Chilms & Hand VR A15 (4)

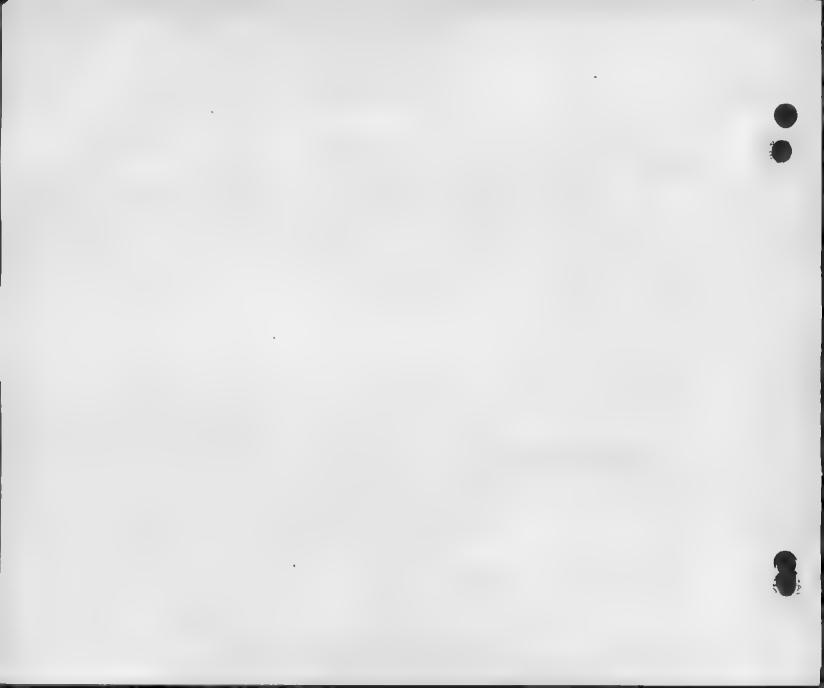


MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
225 CERTIFICATE OF DEATH	6591

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	write RURAL end give neerest town) Fort Howard 7 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADMINISTED ON A FARM?
	Veterans Administration Hospital 20/Carrollton Avenue YES NO X 3. NAME OF DECEASED Lost 4. DATE Month Dev Year
	(Type or print) JAMES M. FAUNTLEROY 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED BEATE OF BIRTH 9. AGE IN er IF INDER LYEAR IF INDER
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	Rigger 13. FATHER'S NAME Baltimore, Maryland U. S. A. 14 MOTHER'S MAID: NAME
	Richard Certrude Butler IV-st, no or unknown Hyospinyews-ordelessoftenv 212-16-9421 212-16-9421 FORT HOWARD DIVISION 18. CRUSE OF DEATH, Entry only one respect to the second seco
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	ZOc. TIME OF NURY Month Day, Year 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm 2Dt. Try or fowr County State Hour a.m. P.m. 19 et work et work
	21. I certify that M (this hospital) attended the deceased from May 22 1961 to May 29. , 1961 that (b) (we) last saw the deceased alive on May 29, 1961 and that death occured at A.M., from the causes and on the date stated above. 22. Signature ATTENDING PHYS. DRECTOR PHYS. STAFF 22. ADDRESS RAME (Type) R. M. D. WAH, Baltimore 18, Md. Fort Howard Division 1236. BURIAL CREMATION, 236 DATE THEREOF 1236 NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City town or county State
	Burial Carver Memorial Park Baltimore, Maryland 24 FUNERAL DIRECTOR'S S GNATURE ADDRESS 1250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
h _L	Herbert E. Nutter, 3035 W. North Ave., Balto.Md. DATE WW 2 '61 Contluy & Khang



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	21. I certify that I attended the deceased from 4^{-} $ ^{-}$ and that death	accurred at M, from the ca	that I last saw the decease
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"	PHYSICIAN'S Charles # Williams	Prikezinte 's	? Hand
2	220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY O	CREMATORY 228 LOCATION (City	fawn, ar county) (State)
23	BURIAL MAY 10, 1961 BURR O	AK KAN	15A5



in the hours death AGS should Ö VS A15 (4) 15M 10/57

MEDICAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission COUNTY **b** COUNTY Baltimore MARYLAND Mary land Baltimore b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Caton Svi. le 9mth28dvs Randallstown, Mary land d NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Box 270 Liberty Road SPRII'G HOSPITAL YES NOT 3 NAME OF First Middle 4. DATE Yeor DECEASED Fortin (Type or print) Mary DEATH May 19 5 SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH FUNDER I YEAR IF UNDER 14 HRS 9 AGE [In years lost-birthdoy) Months Doys 分. 1874 female white W DOWED 🔀 DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife U. 3. A. Pennsvlvania 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME unknown Simon Enale woknown Mary Graybill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address unknown unknown Records: GROVE STATE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Cardiac failure DUE TO Arteriosclerotic c rdiovascular disease Conditions if any, which gove rise to immediate je d **DUE TO** couse (o), stoling the undergud lying couse lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO | 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF NJURY 20e PLACE OF INJURY (Home, form, | 20f. (City or town). Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) o. m. While Not while at work all work p.m. 12 , 19 61 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred of ______M, from the causes and an the date stated above ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE C ROVE STA IE HOSPITAL should PHYSICIAN'S Stella Wachsler, M. D. Catons ville 28, Myryland NAME (Type) m m 22b. DATE THEREOF 22c. NAME OF CEMFTERY OR CREMATORY 220- BURIAL, CREMATION, 22d LOCATION (City town, or county) /State1 Burial Specify) 18/61 Bainbridge Cemeteru. Bainbridge. 23 FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR **ADDRESS** 24b REGISTRAR S SIGNATURE VS A15 (4) GRADIAS " hur & Through 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH o. STATE **b.** COUNTY MARYLAND Maryland ELENGTH OF STAY IN 16 Jessups, May land Inath26dvs

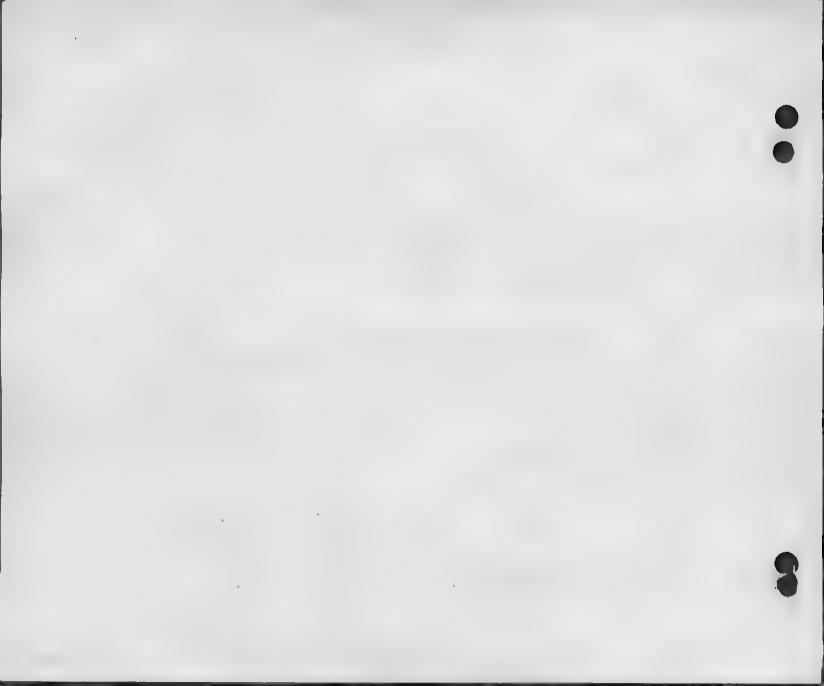
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY Baltim ore Anne arundel b CITY OR TOWN (If outside carporate Limits, write c. C.TY OR TOWN (If outside corporate I m ts. write RURAL and give nearest town RURAL and give nearest town) Caton ville d NAME OF HOSP TAL (If not in hospital give street oddress) d STREET ADDRESS \$ PESIDENCE ON A FARMJ OR INSTITUTION YES THE NO. 20 Mart evidee Court NAME OF 4. DATE Midd'e Lost Month Doy DECEASED OF. DEATH (Type or print) I) . Henry Frage 9 AGE 'n years IF JNDER AR IF NOER + HRS 5 SEX 6 COLOR OR RACE B DATE OF BRIM 7- MARRIED TI NEVER MARR ED TI last birthdoy) Months Doys Hours 90 WIDOWED & DIVORCED ! yrs rmle 12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION "Give kind of work done, 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Germany watchman 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.J. JOWN un. own IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address THATTS Records : unknown NTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute cardine falure DUE TO Arteri cherotic carelevascular disease Canditians, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. Part II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDITION GIVEN IN PART 1: 01 19 WAS AUTOPSY PERFORMED? YES NO TE 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Part II of item 18.) 20c TIME OF INJURY Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Mame form 20f (City or town) factory street, affice bldg letc.) Haur o m While Not while p m at wark of work 1901, to may 24 ... 1901, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from ____P.ay_ 22 19 61 and that death accurred at saw the deceased alive an ... M, fram the causes and on the date stated above 22a SIGNATURE 22E GATE 5 GNED ATTEND NG MED DIRECTOR [] K M D PHYS 226 PHYSICIAN'S 22d ADDRESS NAME (Type) Stella Wachsler, M. D. Caton wille 26. 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23a BUR A CREMATION 23d JOCAT ON IC ty town or county! Stote, BEMOVA ISPAC 191 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS o REC'D B) REGISTRAR

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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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CT Speed &	TESEPH FREG. 451 TOLIF CATEZI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
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o y to be	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, ferm 20f. (C ty or town) (County) (State)
A Para Para Para Para Para Para Para Par	Hour a.m. While Not While leading shape, on the blogs, sec /
R B B B B B B B B B B B B B B B B B B B	
# E O B B	21 1 certify that (I) (this hospital) attended the deceased from May 10,, 19 56 to 5/12/61 , 19, that (I) (we) last
E E E C & S	saw the deceased alive on $5/4/61$. 19.61, and that death occurred at 9.45 , from the causes and on the date stated above
X 호텔령광	226. SIGNATURE 225. DATE SIGNED
House and the second se	AC May 15, 1961
E SE	22e PHYSICIAN'S 22d ADDRESS
: <u>B</u> 6.3	John R. Davis, M.D. 401-2 Med. Arts Bldg., Balto.1, Md.
FUN.	230 BURIAL, CREMATION 236. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City town or county) (ST 19)
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ř ř	ADDRESS 1256 REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE
YR A15 (4) 15M 9/60	Take, Lawrengt Jt/ Catorwalle, 18th. DATE MAY 18'61 William France
22/1/ 2/00	TOTAL DATE



AND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decees dilived, If institution, Residence by a fire on) PLACE OF DEATH COUNTY MARYLAND OR TOWN (flouls de corporate limits, wit RURAL and give no 11 % OR TOWN (if outside corporate limits, ON A FARM? YES INO IZ NAME OF M ddle DECEASED (Type or print) FUNDER 1 YEAR IF UNDER 21 HRS] NEVER MARRIED ,] 9. AGE (In years lest birthday) | Months | Days , D VORCED [13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) i (If yes give weror detes of service) 18 CAUSE OF DEATH [Enter only or cause per line tor et b and NSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE, & DUE TO ARTERIA SCLEARING {b_ gava rise to immediate cause DUE TO (e), sleting the underlying PART II, OTHER S ON F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART . 19 WA, AUTOPSY PERFORMED? NO F 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I, of Iam 18 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NIURY (Home form 20f (City or fown) (County) (State) factory, street, office bldg., etc.) While _Not While Hour e.m. st work el work 21 I certify that (I) (this hospital) attended the deceased from Uchabar to , and that death occured at.3 TM, from the causes and on the date stated above. saw the deceased plive on-ATTENDING 225 DATE 22a SIGNATION SIGNED PHYS 22: PHYSICIAN S 22d ADDRESS 23d LOCATION City, fown or county 230 BURIAL, CREMATION 053 24 FUNERAL DIRECTOR'S. ALTIMORE 29, MO. - NO + 3650 arthur & the



MID STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, if institut in R s c Page e. COUNTY **b.** COUNTY es MARYLAND b. CITY OR TOWN (if outsid corporate limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN If ours do corporate I mits write RURAL write RURAL and give generations ₽ I d NAME OF HE Pol OR INSTITUTION OF STREET ADDRESS Boar 70 ON A FARM? NO X 3 NAME OF DATE DECEASED the (Type or print) DEATH with 5. SEX NEVER MARRIED | 7 DATE OF BIRTH 19 ACEIN VI AF DOWN TO 24 FIRS . MARRED [2 with and DIVORCED [38 5 md 7 27 ho AL OF CUPATION Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IS' 12 PART AN Y CUNTRY? Page I done during me of work at the even if retired ve Pages Page pages 1 13. FATHER . NAME MOTHER'S MAIDEN NAME in Item 18. Give 9 form IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Yes, no, or unkown) (Ifyosg vewerordelesofservice) certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY alon and IMMEDIATE CAUSE (e) in pencil Office DUE TO burial. removal, Conditions, if any, geve rise la immediate cause vs (0 "pending" DUE TO (e), stelling the underlying Examiner cause lest. used PART IN OTHER "SINFICANT CONDITION" CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. IN VIEW NIPA PERFORMED? should be tial, crematic ₩ord NO 20+ EXTERNAL ALSE WAS 20b. DESCRIBE HOW INJURY OCCURED Linter nature of injury in Pert Lor Part II of item to PRIMARY LI or CONTRIBUTING CAUSE OF DEATH. 'ne certificate, wr.ting Chief should be forwarded to the Chie

FUNERAL DIRECTOR: Page Month y % 20d, INJURY OCCURRED 20s, PLACE OF INJURY Home, form 20f, City or tow 1 factory, sire it, office bldg., etc. Whie Not While at work e! work 19 21 I certify that I took charge of the remains described above, held an Autopsy 1 Inspection | Inquiry X and in my opinion Hom'cide [Natural causes is Undetermined manner geath resulted from-Accident Suicide CHIEF MEDICAL EXAMINER 1 1 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** NAME (Type Add ass Street, city town or county DEP 226 DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d LOCATION City, low spor country 224 BURIAL CREMITTION REMOVAL (Specify) 0 40 6 248. REC'D BY REGISTRAR 1 246. REGISTRAR S JIGNAT IKE 23. FUNERAL DIRECTOR VS. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vind, if institution River in a community of the commu e. COUNTY e. STATE **b.** COUNTY dimore by the and 2 death MEDVIDNO urylard a Limera b. CIY OR TOWN (if ouls de corporal I m ts, c. LIYOR TOWN I suts de caporer Imi, w a RURAL d c LENGTH OF STAY N 16 write RURAL end give nearest town) O. tonsville catonsville d. NAME OF HOSPITAL OR INSTITUTION If not in hospital give sireat addless. d STREET ADDRESS UN A FARM? ACE Logant Park R ad YES NO TO 3. NAME OF DATE 72 complet DECEASED OF (Type or print) DEATH rdner A SE IN YEARS FUNGER TAR THE HES 6 SOLOR OR RACE 7 MARRIED NEVER MARRIED N. 8 DATE OF BRIM last birthday WIDOWED A DIVORCED I 1 10a - ULLIAL OCCUPATION, GIVA kind of work 106, KIND OF BUSINESS C. NOUSTRY 1 12T LE PLASH DE VE AT DUNTRY? done during most of working life, even if retired) Theired-Thisler's ___aleslady inguitaiverile 14 MOTHER'S MAIDEN NAME Henry Winter
15. was deceased ever in U.S. Armed Forces? 16. Social Security NO 17. INFORMANT attendir Then ple Addrass (Yes, no, or unkown) | (If yes give we rordates of servica) physician. igned by th 18 CAUSE OF DEATH Follow of one call the a b od R + 41 8 (W 5N PART .. DEATH WAS CALLED BY per IMMED ATE CAUSE & . attending phys gava rise to immadiata ceusa DUE TO (e), steting the underlying - e FART I OTHER SIGNEL ANT LONG ONE ONE OTH THE TOTAL BUT NUT FELATE TO TERMINAL DISEAT CONDITIONS OF COMME hospita certificat PERFORMED? S C NO USe ö for L 206, ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)) 20b DENERBEHO V NIJRY CUC - 60 A relive in dry in Particula Piet 1 in 1 After this detached for of Health p the 20d. INJURY OCCURRED , 70: PLACE OF INJURY ,H + , fere 2 f my mer 20c. TIME OF INJURY Munth, Dev. Yeer retained I While Not While fectory, straat, offica bldg., etc.) Hour e.m. el work at work 21 I certify that is (this hospita') aftended the deceases from 15- 1961, and that death occurred above from the causes and on the date stated above OR AT saw the deceased alive on 225 DATE ATTENDING 22c SIGNATUR SIGNED DIRECTOR T PHYS. page FUNERAL rector, page 2 H ADDRESS 238 BURIAL CREMATION, 236 DATE THEREOF 23d. LOCATION Lity fown or co-23c. NAME OF CEMETERY OR REMATORY REMOVAL (Spacify) 0.58 25a RE D BY REGISTRAR 25b REGISTRAR J SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9 60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If inst. ii. e. STATE **b.** COUNTY Baltimore MARYLAND Maryland b CITY OR TOWN , I outside corporat limits, c .ITY OR TOWN , flouts discorpanition in is, write RURAL and civilin e LENGTH OF STAY N 16 write RURAL and give neerest town) 244 Fort Howard Davs Baltimore I & IS RESIDENCE d NAME OF HO "TAL OR INSTITUTION, I not in hospita, give street address! ON A FARM? Veterans Administration Hospital East 25th Street I YES | NO 17 papers. in 72 hc 3. NAME OF DECEASED OF (Typ or print) EDGAR M. DEATH GARRETT 19 61 carbon 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | E DATE OF BRITH 9 AGE IN Y AS FUNDER I YEAR IN INDER 2 HRS lest birthdey) | Months | Days Hours pue Male WIDOWED DIVORCED December 23,1500 remove 10e. USUAL OCCUPATION (Civis kind of work 10h & NO OF BUSINESS OR INDUSTRY done during most of working I'le, even il retired) Carman Railroad Harford County, Maryland 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Emory W. Garrett Margaret R. Meredith 15 WAS DECEASED EVER NILS ARMED FORCES? 16 SUC AL SECURITY NO. 17 INFORMA. T Yes, no, or unkown) (lifyesgivewerordetesafservice) Clinical Records VAH, Baltimore lo, Maryland, Ft. Howard Division permit. IR CAUSE OF DEATH Interior you cause per bas ice of b ۾ g physicia signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6, BRONCHOFNEUMONIA MONENCO attending las been sig (b) CARCINOMA OF BLADDER, RECURRENT WITH METASTASES TO UNKNOWN XXXX LUNG, LIVER AND ADRENAL e), wating the underlying (CHRONIC PYELONEPHRITIS PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I 19 WAS AUTOPSY PERFORMED? Arteriosclerotic Heart Disease - Duration unknown YES X NO F 2De ACCIDENT WAS UNDERLYING [], 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OP CONTRIBUTING [] CAUSE OF DEATH (If ETHER NOTIFY MEDICAL EXAMINER. 2Dd, INJURY OCCURRED 2De PLACE OF INJURY (Home, farm 2D. (City or town) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bldg., etc.) While __Not While Hour a.m. et work et work TOB: 21 I certify that (IX (this hospital) attended the deceased from September 16161, toliay... 10......, 1961, that (IX (we) last . . 19.61..., and that death occurred 12:25M, from the causes and on the date stated above saw the deceased alive on May 18 DIREC 22b. DATE 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS death. FUNERAL director, page 3 be filed with the 220 PHYSICIAN S 22d. ADDRESS CRAHAN, M.D. VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION 23c NAME OF CEMETERY OR CREMATORY + 23d. LOCATION (City, fown or county) 23a BURIAL CREMATION 23b. DATE THEREOF REMOVAL . Special Baltimore Moreland Memorial H 1250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A15 (4) Wm. J. Tickner & Sons, Inc. North & Penna. Aves. Balto PARK 19'61 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE Where decreesed lived it institut in Resid on a. COUNTY **b** COUNTY BALTIMORE MARYLAND b CITY OR TOWN sife outside emispo ate I mits. c. CITY OR TOWN. If outside corp. rate 1 mils, write BURAL and live new & LENGTH OF STAY IN 16 write RURAL and give nearest town) COCKEYSVILLE COCKEYSVILLE d. NAME OF HOSFITAL OR INSTITUTION of not in hospital, give street address S R SIDENCE a STREET ADDRESS ON A FARM? YES X NO ROAD 3. NAME OF Middle 4. DATE DECEASED OP (Type or print) DEATH EDWARD GENT IF LIN YE. 6 COLOR OR RALE 7, MARRIED NEVER MARRIED 1 AGE IN YABES IF UNDER TYEAR B. DATE OF BRITH List birthday MALE W.DOWED [DIVORCED TON ULUAL OCCUPATION (GIVE KIND of work 12 CITIZEN OF WHAT COUNTRY? Jahy & State or tore on linkly done during most of working life, even if retired) IISA FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ORRIC W. GENT HANNA COX 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC., IAL SECURITY NO. 17 INFORMANT Add ess (Yas, no, or unkown) ((Ifyesgivewerordatasofservice)) FAMILY RECORDS 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AN ! EATH CEREPHO VASCULAR DISTISI-IMMEDIATE CAUSE 1 DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE LONDITION GIVEN IN PART 19 WAS AUTOPSY PERFORMED? NO J 20b. DESCRIBE HOW INJURY OCCURED, Enter distance of injury in Particle Pert Lof Part 18 20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING ... CAUTE OF DEATH 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 2Df., City or town 20c. TIME OF NJURY Month, Day Year factory street office bldg atc While Not While . 19 (.t. that (I) (we) last 21. I certify that (I) (thus hospital) attended the deceased from... M, from the causes and on the date stated above , and that death occured and saw the deceased alive on... 22a SIGN * TURE ATTENDING SYGNED B DIRECTOR PHY5. M.D. 22d ADDRESS 22c PHYS CLAN S 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county 23a. SURIAL CREMATION, 236, DATE THEREOF REMOVAL (Spacify GRACE METHODIST CEMETERY FALLS ROAD. COCKEYSVILLE BURLAL ADDRESS REC'D BY REGISTRAR , 256, REGISTRAR 5 S GNATURE FUNERAL DIRECTOR'S SIGNATURE

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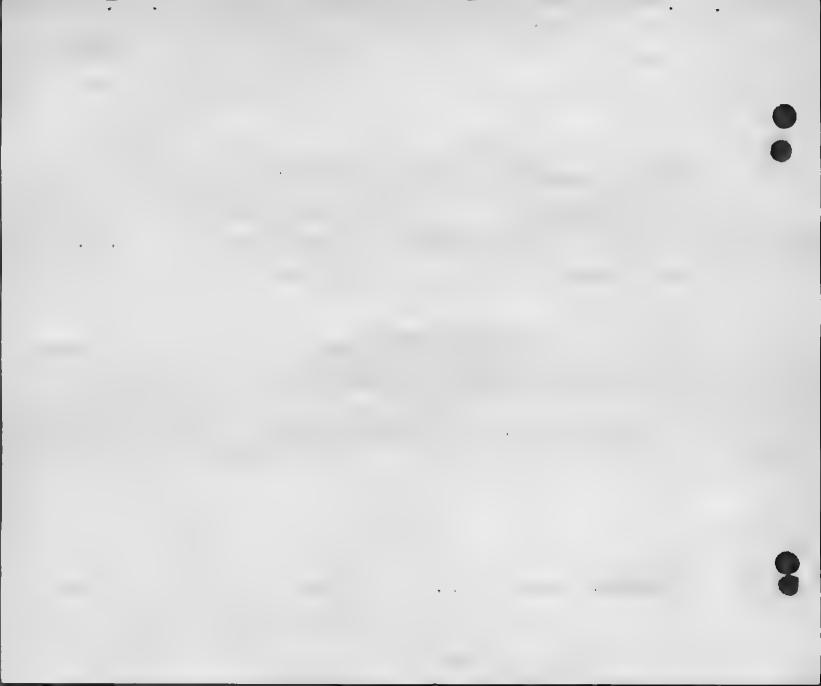


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where decapased lived. If institution, Residence before admission) . COUNTY o STATE **B. COUNTY** b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) RLRAL and give nearest town) WEEL, MAME OF HOSPITAL (If not in hospital give street address) STREET ADDRESS ON A FARM? OR INSTITUTION YES TO NO D 4. DATE NAME OF Middle Lost f led DECEASED OF DEATH oges Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthday) Months Doys popers 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working (if your if retired) pou 0 13. FATHER'S NAME COL g phys ca 16 SOCIAL SECURITY NO 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? offending (edse 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH ä PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO à Conditions, if ony, which gave rise to immediate DUE TO couse (o) stoling the under lying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART UP 19 WAS AUTOPSY PERFORMED? YES IN NO I 20g ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) Day, Year factory, street, office bldg., etc.) Hour o m Wh le Not while of work at work 21 | certify that (1) (this haspital) attended the deceased from. from the causes and an the date stated above sow the deceased alive on and that death accurred at DIRECTOR 220 S GNAJURE NED ATTENDING MID PHYS. DIRECTOR should 22c PHYSICIAN'S 22d ADDRESS NAME (Type) FUNERAL I (2) 230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION City town, or county Stoler page the Sk REMOYAL Spreity 0 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4 d. I was w 15M 9/59

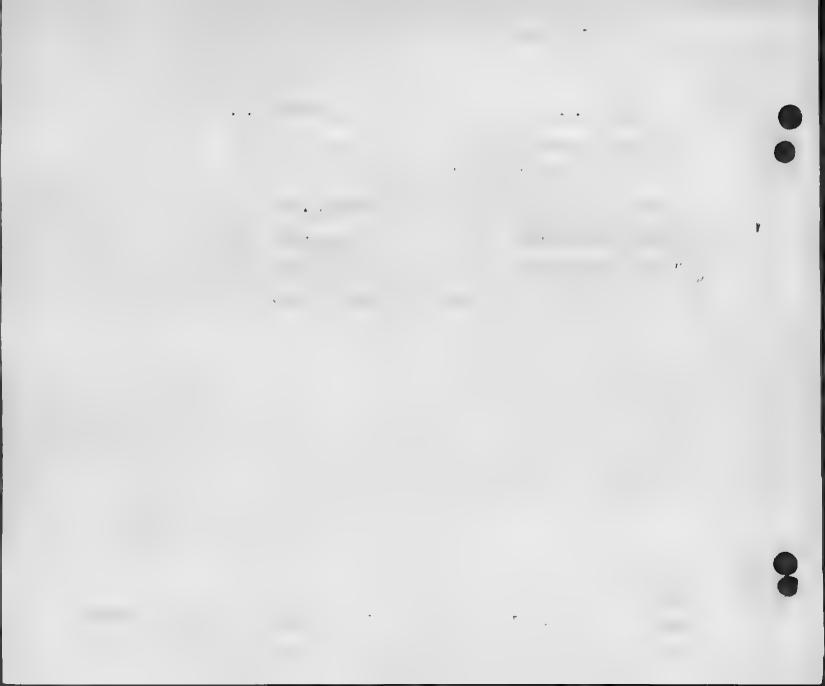


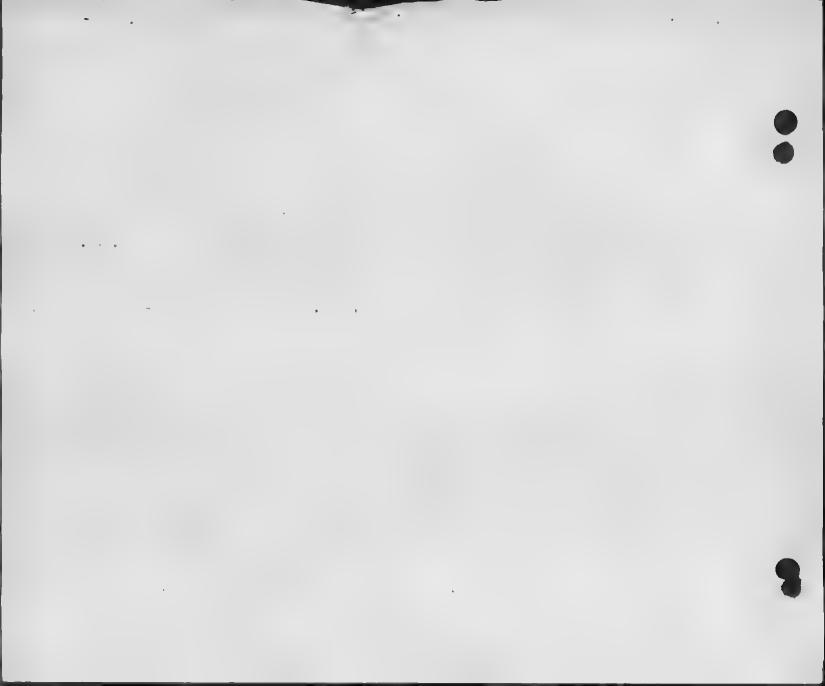
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH i director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY **b** COUNTY Bristol Roa MARYLAND b. CITY OR TOWN (If outs de corporate I m ts. write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RESIDENCE d. STREET ADDRESS ON A FARM? 7118 Sristol Road 7118 Bristol Road YES | NO | I 4. DATE NAME OF Middle Month Year DECEASED Α. Margaret. (1) eitsman (Type or print) DEATH 19 6] 9 AGE (In year IF & NDER LYEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARR ED NEVER MARRIED B DATE OF BRTH Months Days W DOWEDTEN 12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Housewife. Dalto, Co. USA pup 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME John H. Koppelman Annie Weber remaye WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO 17 INFORMANT Address Miss Gladys Gleitsman 7118 bristol id 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY USION OF CORONARY ARTERY IMMEDIATE CAUSE (6) ARTERIOSCLE RUSIS Conditions, Fony, which gove rise to immediate DUE TO couse (o), stoling the under lying couse lost PART OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Doy, Year 20d NURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or fown) [cunty* factory, street, office bldg etc.) ! Hour o.m. While Not while of work of work 21 I certify that (I) (this hospital) attended the deceased from 2744 23 19 6/ and that death occurred of M. from the causes and on the date stated above sow the deceased alive on 220 SIGNATURE M D PHYS MED. DIRECTOR 200 22c PHYSiCIAN'S FUNERAL 230 BURIAL TREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION IC ty town REMOVAL (Specify) 5-27-1961 0 ADDRESS 256 REGISTRAR S SIGNATURE 24 Fr NERAL DIRECTOR'S SIGNATURE 250 REC D BY REGISTRAR arthur & though 15AA 9/59



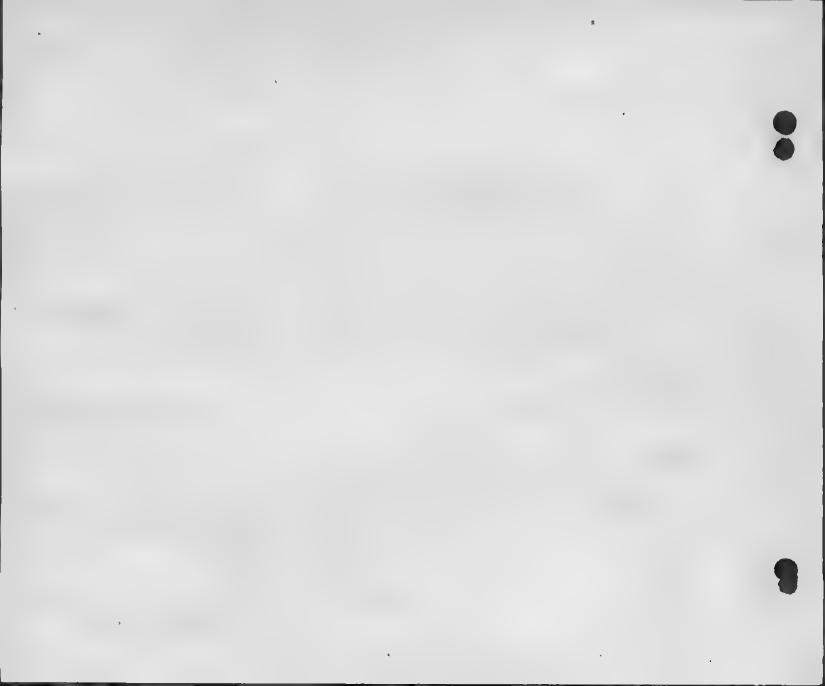


YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE Whate diese die ved if astruminiae and in the . COUNTY cessary, or, Page a. STATE **6. COUNTY** director, Page or your files. Baltimore Baltimore MARYLAND M billity OR TOWN if outside corporate in its C. LENGTH OF STAY IN 16 c CITY OR TOWN If outs or corps and mit will RURAL and write RURAL and a vilnearest town Phoenix P.O. Phoenix P.O. d NAME OF HOSE TAL OR INSTITUTION of not in hospital, give stified address Boar d STREET ADDRESS ON A FARM? Dance Mill Road Dance Mill Read NAME OF List DATE Middle DECEASED the John Watkins (Type or pont) Grafton DEATH & COLOR OR RACE 7, MARRIED T NEVER MARRIED X 8 DATE OF BIRTH 9 AJE 'S PET 2 with W DOWED D VORCED 17, May 27, 1873 Male 10 D CEATLON To za kind of work 106 KIND OF BUSINESS OR NOUSTRY 11 BIRT IPLACE Ste e in lor got one done during most of working life, even if refired) USA Marvland Railroad man- retired PM3, Pa pages 1 13 FATHER & NAME 14. MOTHER'S MA DEN NAME den. Elizabeth Varnes Ralph Lee Grafton 15 WAL DE EX ED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Addissa (Yes, no, or unkown) (Hyesquewerordates of service) Femily Records None 18. CAUSE OF DEATH [Enter only one cause payling for at the and PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) DUE TO gave rise to immediate cause 40 DUE TO (a), stating the underlying Loal Exam. La be used remation, CONTRICTING TO DEATH BUT NOT KELA ERFORMED: PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part 1. 1. 10 10 10 20e JIME OF IN-URY - Mc of Day Y 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form 20th (City or liver lectory, streat, off, bldg, etc. Not Whil ₽ 64 14 ± ± at work at work 21. I certify that I took charge of the remain, described above, held an Autopsy \$ 0 g forwarded for DIRECT Accident Suicide Jidelermine manner death resulted from A Nawfra causes Homicide CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE STGNER should be for PUNERAL I DEPLITY MEDICAL EXAMINER EXAMINER'S NAME 1 4 Address (Street Ty, 1) while requesty 226, BUR -1 CREMITION 1 325 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22a, LO TION (City lower or equate REMOVAL Spicify) Jarretsville, Maryland 240 p Old Brick Baptist Cemetery Burial 248 REC'D BY REG STRAR , 246. REGISTRAR & SIGNA URE C. Shun & Throng A15ME John Burns' Sons, Towson, Maryland 5M 7/59





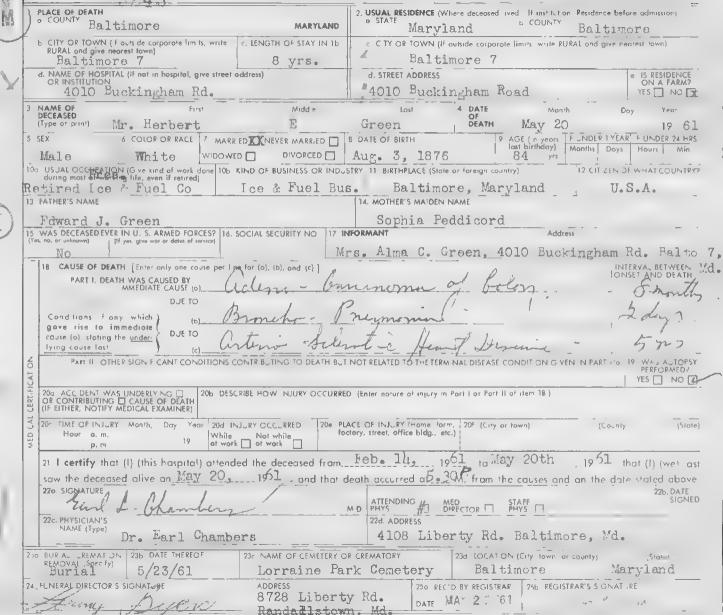
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agin and a	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 16 19. AS AUTOPOLY PERFORMED? YES NO PRIMARY PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
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AIN Things	20c. T.ME OF NJURY Mon h Day Year 20d. NJURY OCCURRED 20c. PLACE OF INJURY (Home, farm 20f. (City or town, (County) (State)
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Seriff Ged ent,	death resulted from. Natural causes Accident Suicide Homicide Undetermined manner
Da a a	CHIEF MEDICAL EXAMINER
記 記 記 を	SIGNATURE DATE SIGNED MD ASSISTANT MEDICAL EXAMINER DATE SIGNED
execuld be Id be I	EXAMINER'S DEPUTY MEDICAL EXAMINER
	Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or country) (Stete)
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SM 9 60	Leonard J. Ruck 5305 Harford Rd. DATE JUN 1 161 Quiller S. Flines



1521	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	5242 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5234
HOR STATE	Reg. Dist. No
HEALIH DEPT.	1. PLACE OF DEATH O COUNTY O TATE O COUNTY
oge 14.	" BALTU. MARYLAND STATE MARYLAND & STATE MARYLAND & COUNTY 13 alto-
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P. 2. 2 d	HOUSEWIFE LIS.A.
\$ 50 M	13 FATHER'S MAME 14 MOTHER'S MA DEN NAME
E STA SE T	JOHN PARK MARY EISENHOWER
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3 E 2 E 2	Hour a.m. While Not while factory, street, office bldg., etc.)
MAN STATE OF	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in ny
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T O See	opinion death resulted your Natural causes . Accident . Suicide . Hamicide . Undetermined manner
A DE LE	ACTUAL LATER SIGNED
	SIGNATURE
	EXAMINER'S ASSISTANT MEDICAL EXAMINER 5-8-61
N STORY OF THE PERSON OF THE P	NAME (Type) / JOHN C. 1441 C. DEFUTY MEDICAL EXAMINER CO.
H H H H H H H H H H H H H H H H H H H	220 BURIAL, CREMATURY 226 DATE THEREOF REMOVAL (Specify) 226 DATE THEREOF (Slove)
5 , 45	BURIAL SIMPROVED MEM. SALTIMORE, MARYLAND 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAN 240 REGIS
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5M 2/57	Wom 600R-Blight, Inc 6009 Harford RD. DATE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived in instite of STATE Maryland COUNTY) MARYLAND MARYLAND CERTIFICATE OF DEATH Maryland

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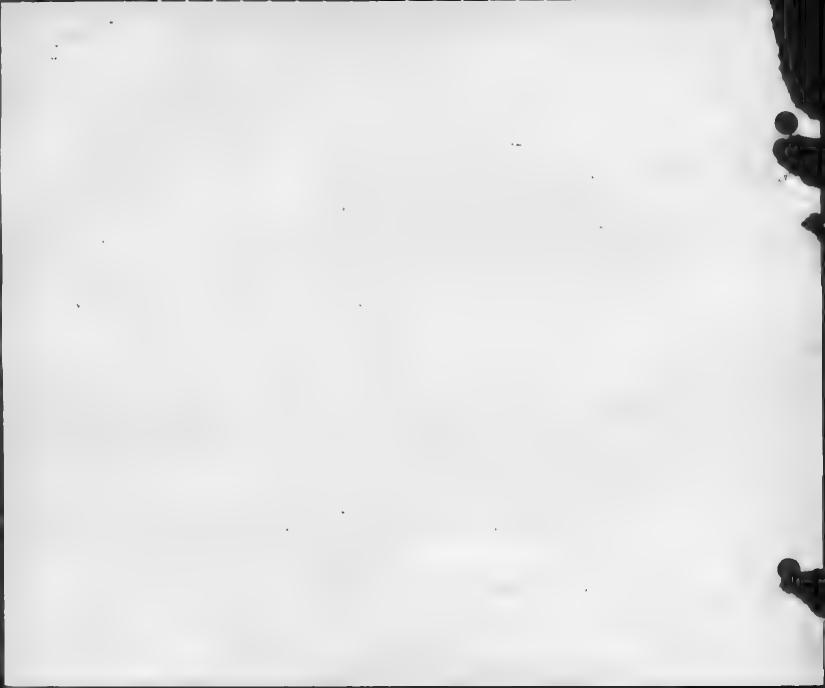
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AND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE Where do send I ved " 'ng to R. a. COUNTY MARYLAND b. CITY OR TOWN , I outside corporate lim ts, E. LENGTH OF STAY N 16 c. CITY OR IOWN If outs'd companie im'ts wir. RURAL and write BURAL and give nearest town) PATONSUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, a v street id ass) 3 NAME OF DECEASED (Type or print) DEATH 5 SEX 9 AGE (In years IF UNDER LYES IN UNIC don't during most of working I fe, aven if retired? AN OLERIC 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yas po, or unknown) (Tyesg viwarordatesofservic (DOC DALE No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1-1-5/21 IMMEDIATE CAUSE (a DUE TO Cardie Vasenta Conditions fray which gava rise la immadiata couse DUE TO (a), stelling the underlying cause last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT 19, WAS AUTOPSY PERFORMED? YES NO 206 AC IDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED (Enter natural of injury in Part Lor Part II of item 18 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED , 20e. PLACE OF ,NJURY ,Home, farm, 20f City or town, . County) (Store While Not While factory, streat, office bldg., atc.) Hour a.m. at work at work 5- /C- , 196/ that (1) (me) last 21. I certify that (I) (this hospital) attended the deceased from 3-9-.1947, and that death occured at 67 k.M., from the causes and on the date stated above saw the deceased alive on DIRECTOR | PHYS 22c. PHYSICIAN'S 22d, ADDRESS 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) CD DATE MAY 15M 9760 e Inthus & Thurs



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	Ullrich Fun	eral Home	Dunda	ik, Md.			DATELOY	1 5 '6	1	C 15	m = 2 1	- P. Dames		

TO FUNERAL TO HOSPITAL VS A15 (4) 15M 9/55

2 should be filed with

ir death. Page 4

28 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

may be by the hospital or attending physician.

D. FUNERAL FRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours attended.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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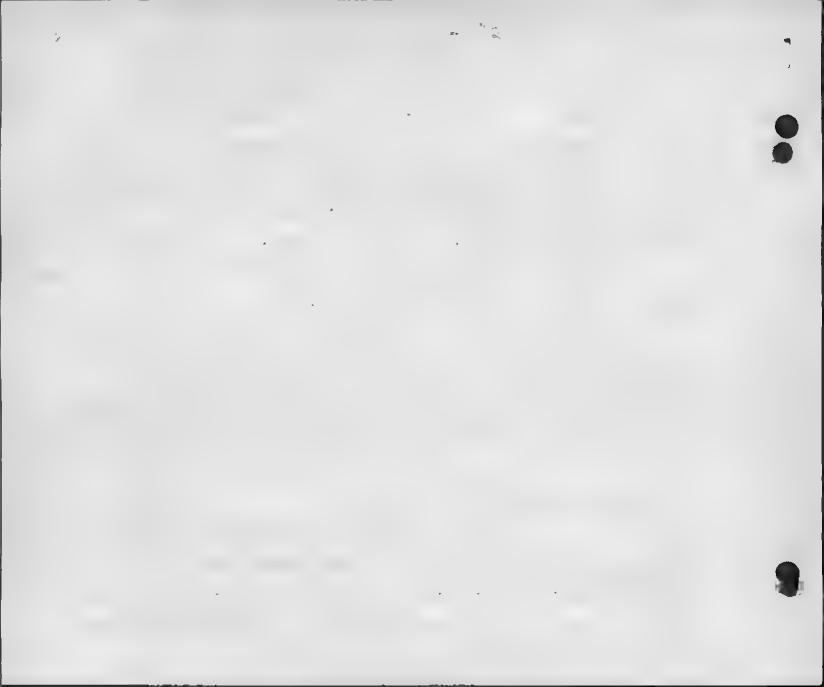
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CERTIFICATE OF DEATH Rea. Dist. No if director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and a ve nearest town) RURAL and nive nearest town) d. NAME OF HOSPITAL (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DE NAME OF 4. DATE Middle Month Day Year **DECEASED** OF DEATH (Type or print) 19 9. AGE (In years FANDER I YEAR F LINDER 24 HRS 5 SEX 6 COLOR OR RACE MARRIED X NEVER MARRIED B DATE OF BRTH lou birthday) Months Dovs DIVORCED [WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 14 BIRTHPLACE (State or fare an country) 12. CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) 15 FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? YES INO D 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur e.m. Not while at work ot work 2. 1942/, that I last saw the deceased 21. I certify that I attended the deceased from ___, and that death accurred at_____ alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 270 BUR AL CREMATION 22b DATE THEREOF 22c. NAME OF CEMETERY OF CHEMOSORY 22d LOCATION (City, fown, or county) (State) REMOVAL (Specify) O 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR VS A15 (4) DATEY

that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





CERTIFICATE OF DEATH 5250 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - frinshlut on Residence before admission) O COUNTY eg o STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RuRAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSP TA. (finat in hosp tol, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO I 3. NAME OF Middle 4. DATE Lost Month Year DECEASED OF (Type or print) DEATH 19 E IF UNDER TYEAR IF , NOER 24 HRS 5 SEX 9 AGE (In years/ 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys DIVORCED WIDOWED TO papers. 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign country during most of working life, even if retired) pgu 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Car remove 5 WAS DECEASED EVER N J S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address attending please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if day, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. fransil PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART . . 19 WAILA STOPSY P RE DRMED YES NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.) CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c TIME OF INJURY Month 20e PLACE OF INJURY (Home form | 20f (City or fown) Doy Year 20d NURY OCCURRED (State) factory, street, office bldg., etc.) Δ Hour e.m. While Not while of work of work p.m. 712.04 21 I certify that (I) (this haspital) attended the deceased from IVI FUNERAL DIRECTOR: Appage 3 should and that death occurred at / egiM, from the causes and on the date stated above sow the deceased a ve on 220 SIGNATUR ATTENDING MD D RECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME Type 236 BUR A. CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or c REMOVAL (Specify) 24 FUNERAL D RECTOR'S SIGNATURE ADDRESS 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 9 59

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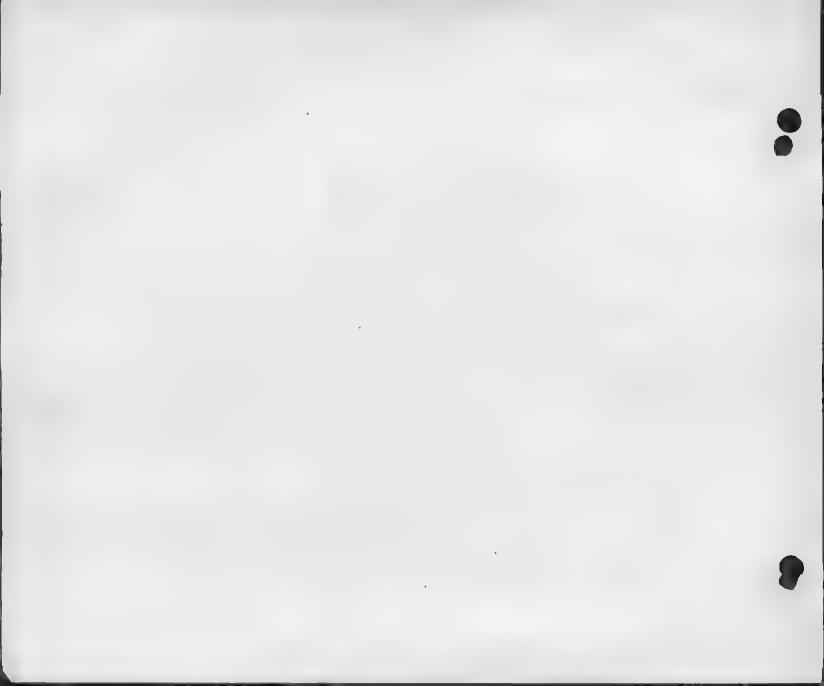
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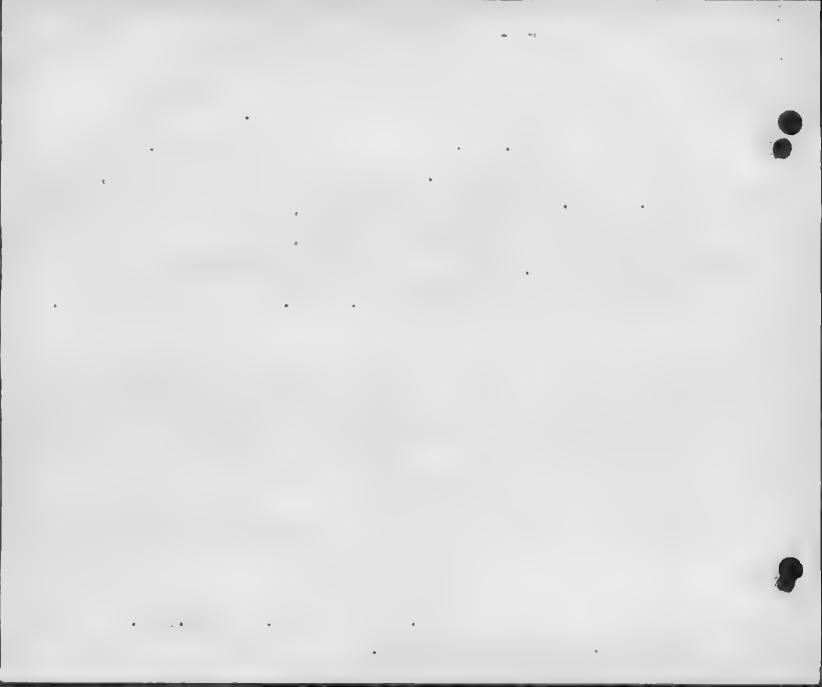
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1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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by t and des	b CITY OR TOWN of outside corporetal imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporetal limits, with RURAL end give neerest town)
after in	Catons ville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS (e. IS RESIDENCE)
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recu pap in 7	(Type or print John M. Hefner DEATH May 27. 1961
d co thin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BRTH 9 AGE (In y as IF UNIC ER 1 YEAR 1 IF UNITS?) 4 HRS
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ling Leasy deasy	Andrew F. Hefner Catherine Schmidt
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at fi	Yes WW1 217-26-2714 Mr. John F. Hefner, 4553 Pen Lucy Rd.
es the	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I, DEATH WAS CAUSED BY: ONST AND DEATH ONST AND DEATH
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Aft Aft of the of the	Hour a.m. While Not Wh.la fectory, street, office bldg., afc.)
De	21 I certify that (I) (this hospital) attended the deceased from 2001, 1960 to .21. May, 1961, that (I) (=) ast
AT Per I	saw the deceased alive on .26 may 1961, and that death occurred at 124M, from the causes and on the 1 te stated above.
OR May	220 SIGNATURE 1 1 1 PARTIES ATTENDING MED STAFF 1 39 No STAFF
AL J	mil of Jennelly & MD PHYS DIRECTOR PHYS 27 Mily 6 /
	NAME ITYO EMIL H HENNING JR MD GUI WI MEEUS Way Garling My
HOS	238. BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by town or county) Set
C P C P P	Burial May 31/61 Balto. National Cemty. Balto. Md.
YR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE Witzke Fun. Dir. 4101 Edmondson Ave. DATE MAY 3 1 '61 Inthe A. Thank
15M 9/60	WIVEKO FUE DIF 4101 Edmondson Ave. DATEMAY 31'61 Littles A. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should . PLACE OF DEATH 2. USUAL RESIDENCE Where decressed by 1 . Institue. COUNTY b. COUNTY Baltimere 후건곡 and b CITY OR TOWN, Fouls of comparete I mits c CITY OR TOWN the puts discorporate amilist well kull At and to a military a LENGTH OF STAY N 16 write RURAL end give neerest town) Parkyille Parkville. Pages d NAME OF HOSPITAL OR INSTITUTION If not in hospital igive street edd iss STREET ADDRESS Lamaze Road 9111 Lamaza Read papers. 3 NAME OF . DATE complete Model of DECEASED OF (Type or print) LATTRA SIMMS HEUBECK DEATH May 23.1961 C carbon 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 1 AGE III YEERS IF UNDER TYEAR IF UND ROLE HRS 8 DATE OF BRTH and last birthdey) | Months | Days | Hours Female January WIDOWED TO D VORCED [TOB USUAL O CUPATION GIVE kind of work гвглоуе 12 CITIZEN OF WEAT COUNTRY? done during most of working life, even if retired) USA Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Imalla James Simms 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16 5 CIAL SECURITY NO. 17 INFORMANT Add as (Yes, no, or unkown) | (if yes give wer or detes of service) Family Records None 18 CAUSE OF DEATH (Enter day one cause par line of all the and PART DEATH WAS CAUSED 8Y The law require attending physic has been signed by MMED ATE CAUSE & has been signed ne burial-transit p 107 X DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying stand by the hospitel or at OR. After this certificate has detached for use and of the of Health PART L. OTHER'S SNIFTCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 19 W 3 STOPSY 200 ACCIDENT WAS INDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert Lor Part Lof Cem 18 OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home form, 201, City or town Month, Day, Year lectory, street, office bldg., etc.) Not While While Hour a.m. et work at work S A Fereign SIRECTOR: vild be of 6/10 ... 1942,... that (I) (we) last 21. | certify that (I) (this hespital) attended the deceased from and that death occured at. . M, from the causes and on the date stated above. saw the deceased alive on.... 22a. SIGNATURE ATTENDING STAFF PHYS. MD PHYS DIRECTOR T FUNERAL 22c. PHYSICIAN'S 122d. ADDRESS NAME (Type) Edw. Gordon Grau, M.D. 8523 Loch Raven Plvd, Balto. 4, Md. 236, 8 JR, AL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City town or county Providence. Balto.Co.,Md. REMOVAL Specify! Providence Cemetery A die May 26, 1961 25e REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

John Burns' Sons, Towson, Maryland

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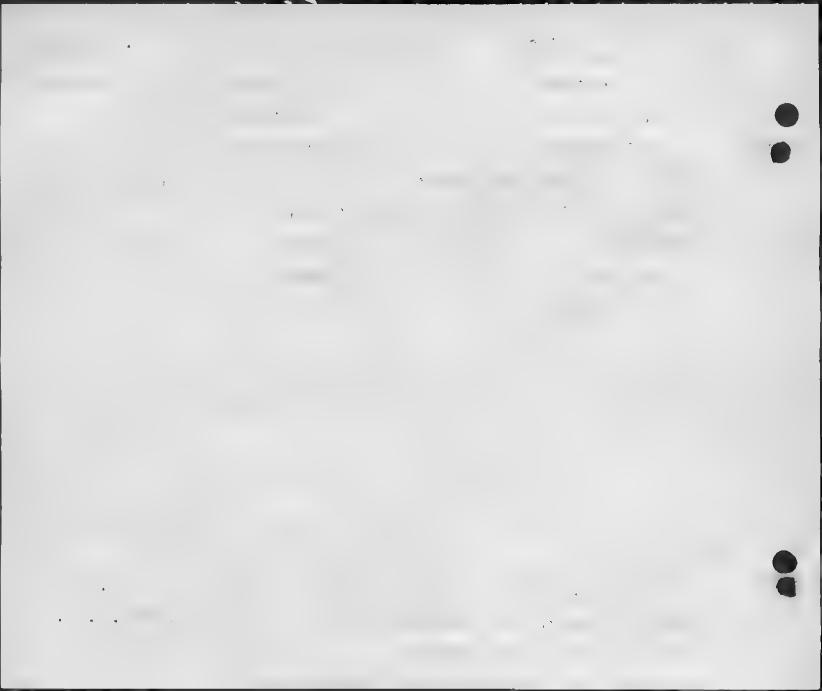
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY LANDS COUNTY 27. MARYLAND b. C.TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (floutside corporate units, write RURAL and give nearest town) RURAL and give nearest town) TIMORC ATUNNICLE d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? RIDGE NURSING YES NO NAME OF 4. DATE DECEASED OF (Type or print) DEATH 196 & COLOR OR RACE 7. MARRIED TO NEVER MARRIED TOUR B DATE OF BIRTH 5. SEX IF UNDER TYEAR IF UNDER 24 HPS 9 AGE (In years last birthday) Months Hours WIDOWED | D VORCED [100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BERTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) TRESSMAKER 13. FATHER'S NAME IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Morra DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO C 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20c. TIME OF INJURY Month, 20e, PLACE OF INJURY (Home, form, , 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. H. Not while While at work at work 1952 to May 29 1961, that I last saw the deceased 21. I cortify that I attended the deceased from 7.4-15 , and that death occurred at 11 23 A.M., from the causes and an the date stated above ACTUAL SIGNATURE PHYSICIAN'S ATLIFE NAME (Type) FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Bur Ial Specify BunkerHill 5-30-1961 o 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Juca Martinsburg, W. Va. DATE JULY 2 Cottin 2 Wents 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH 5255CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. If institution. Residence before admission) o COUNTY Baltimore Md . b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town, FURAL and give nearest town) Baltimore Baltimore d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? #2827 Georgia Ave Ridgeway Nursing Home YES NO F NAME OF Middle DECEASED May 28. Jessie Jov Hummer DEATH (Type or print) 9 AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min S SEX 6 COLOR OR RACE / MARR ED NEVER WARR ED 8 DATE OF BIRTH female D VORCED [March 13. 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D. C. housewife 13. FATHER'S NAME ? Cobourn Martha J. Owens 17 INFORMANT IS WAS DECEASEDEVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Georgia Ave. #27 Norman H. Hummer no none INTERVAL BETWEEN IB CAUSE OF DEATH [Enter only one couse per line for (b), (b) and (c)] ON SET AND DEATH DEATH WAS CAUSED BY MMED ATE CAUSE (0) DUE TO Canditions, tony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost 19 WA AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (Stote) factory, street, office bldg., etc.) While Not while of work at work 21 | certify that (1) (this haspital) attended the deceased from 19 19 19 19 kg/, and that death accurred at 🤌 [M, fram the causes and on the date stated above saw the deceased alive an

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Edmondson Avenue

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230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City lown or ounty REMOVAL (Specify) Meadowridge Cemetery KK

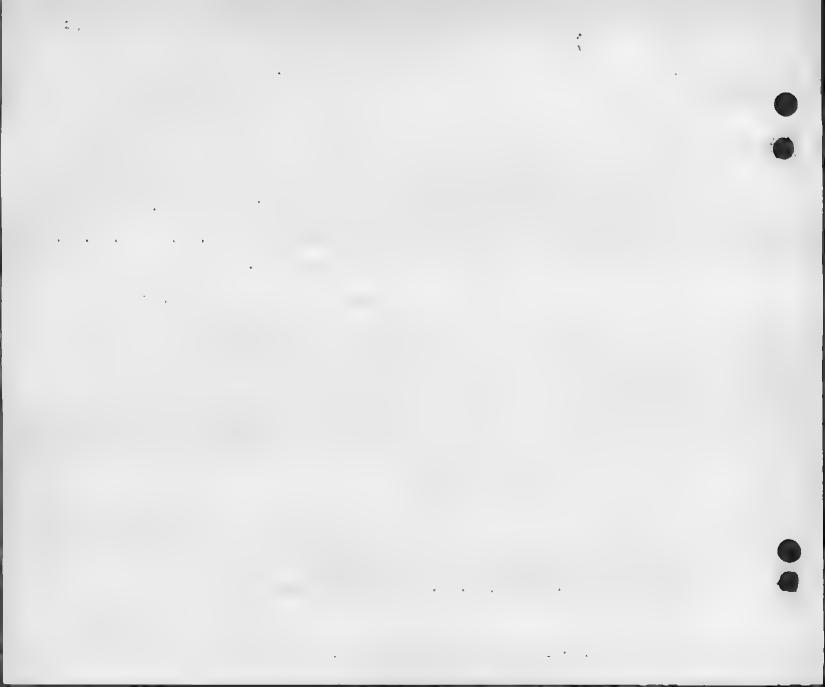
24. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard 4107 Wilkens Ave.

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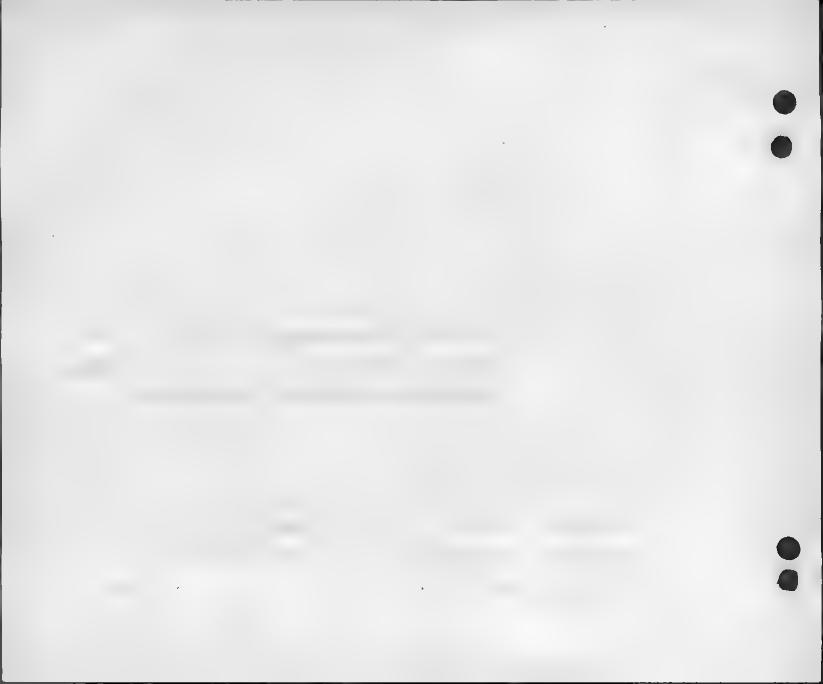
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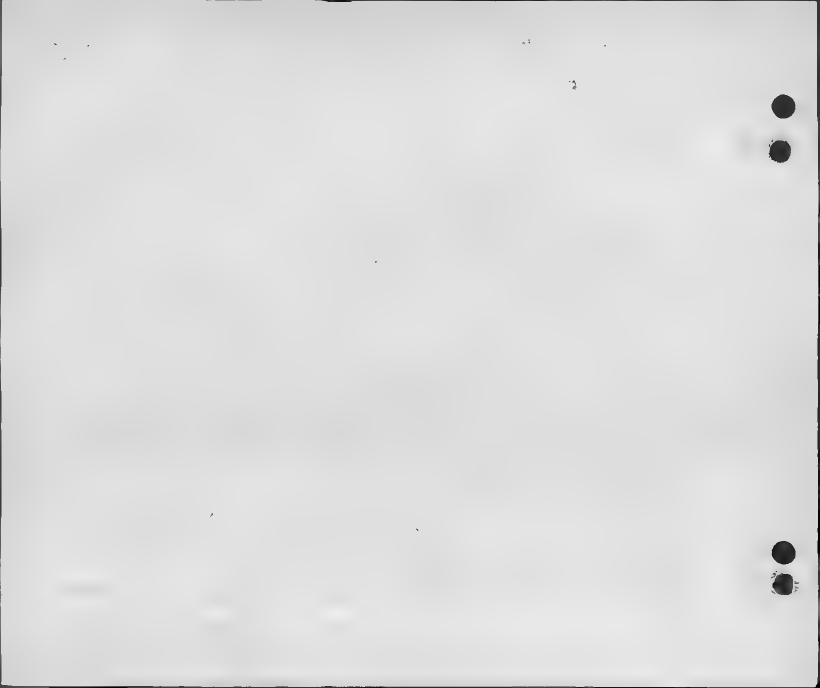


* **	5257 CERTIFICATE OF	DEATH	Dist. No. U5249
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NDING e hasp CTOR: Affe detached (r to burial,	olive on May 5 , 1941, and that death occurred	at 3,300M, from the couses and on ADDRESS (Street, cty or lown, state)	I lost saw the deceased the date stated above DATE SIGNED
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TO HOS may b TO FUN poge the reg	220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 15 S-6/22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		uzh = cun ?)
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH L PLACE OF DEATH * * * * * * * USUAL RESIDENCE Where deceased lived if institution in the state of th a. COUNTY b. COUNTY Baltimore MARYLAND bill TY OR TOWN of outride corporate limits & LENGTH OF STAY IN 16 c. CITY OR TOWN If collede corporate limits, while RURAL . I is your defi write RURAL and give nearest town) Cat nav le . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENC ON A FARM? 2438 Dorton Court 3 NAME OF DATE M dla Merth DECEASED OF Type or b. cr. Tsa c DEATH Hay Mai ter 8 DATE OF BIATH If o' R A 7. MARRIED TO NEVER MARRIED | | | 9 ACE > last birthday) Months | Days Hours 1866 WIDOWED [DIVORCED ! ALL PATEN e kind of work 106 KIND OF B INESS OR INDUSTRY II IS RTHPLACE state or foreign society. drn du con stifwaking to even fretrad, printer Lar, land construction pages 1 13. FATHER'S NAME 1. 14. MOTHER'S MAIDEN NAME William Williams Nellie unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yas, no, or unkown) (If yas give war or dates of sarvice) un...nown In nown Records: 1 18. CAUSE OF DEATH If now ply one cause police for bond is PART I, DEATH WAS CAUSED BY IMMED ATE CAUSE (a) # DUE TO ANT A CHION INTAL AND TO THAT YOUT 206 DESCRIBE HOW NURY OCCURED, E ... Hereby Lee A CALLAND ol with an art rt ch at ric fr cture of the ri at 2" H INJURY OC 1 RRET 2 PLA 5 OF INJURY H is fare LOC TIME OF IN URY fect w steps offic bldg atc.) at work at work Latonsville 21 . r.d. the The hos; t 1 forwarded to the DIRECTOR: 2) I contify that I took charge of the remains described above, held an Autopsy | Inspection | ... Accident 2C. sath rest, red from Natural causes Suicide Homicide [Undetermine i manner. CHIEF MEDICAL EX JMIMTR I ACTUAL AS ISTANT MEDICAL EXAMINER | DATE J. - NED S DE! SIGNATURE DEPUTY MEDICAL EXAMINER M EXAMINER'S COLT, O I. LELIST, T. T. D. Add NAME T. Address Street city town or sin 228 B RIME CREMATION 223d LOCATION (City fown on Classics) REMOVAL specify. 240 2 O 1 /mulesselle 23 FUNERAL DIRECTOR 2 % REC'D BY REGISTRAR ! 246, REGISTRAR S JUNATURE Lilly tomak Hoso 1308 fort ave VS. A15ME DATE WAY arthur & House



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RE deto		SIGNATURE Clarence EM Williams MD 1190 4 Reintenterion It Contestant My Tray 15/
should I		PHYSICIAN'S NAME (Type)
o FUNE page 3 the regi		BUR AL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown or county) (State) Purial May 17.1961 Evergreen Temorial Gardens Finksburg NJ.
A15 (4)	2	J.F. Eline & Sons, Reisterstown, Md. 240 REC D BY REGISTRAR'S SIGNATURE DATE ADDRESS ADDRESS DATE ADDRESS ADDRESS DATE ADDRESS A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



OF HEALTH—BALTIMORE, 18 MARYLAND STATE DEPARTMEN CERTIFICATE OF DEATH Reg Dist, No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH a COUNTY MARYLAND c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville d NAME OF HOSPITAL (If not in hospital give street address ON A FARM: YES NO [NAME OF DATE Middle Year filled DECEASED **OF** (Type ar print) DEATH 1967 9 AGE fin years IF UNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH S SEX MARRIED NEVER MARR ED last birthdoy) Manths Days WIDOWED [DIVORCED | yrs 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHP 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME INFORMANI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVA. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the under lying cause last NTR BUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART." WAS AUTOPSY PERFORMED? YES THE NO N 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I at Port II at item 1B) (IF EITHER NOTIFY MEDICAL EXAMINES 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f (City or tawn) (Stote) Year factory, street, office bldg etc.) Hour o.m. While Nat while4 of work at wark 21. I certify that I attended the deceased from that I last saw the deceased al ve an and that death accurred at. M. fram the causes and on the date stated above. ACTUAL SIGNATURE NAME PTYDE 229 BURIAL CREMATION, 226, DATE THEREOF 22d LOCATION (City lawn ar county, NAME OF CEMETERY OF CREMATORY a 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** a Shurt S. Thank VS A15 (4) 15M 9/5B



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HO. A. F. FUNERAL sector, page 3	- /		W.D. PHYS D D RELTOR PHYS 122d. ADDRESS 401 Random Road #29
- 2		23.	BURNAL, CREMATION 236, DATE THEREOF 236, NAME OF CEMETERY OR CREMATURY 23d, LOCATION -14 town or county release. REMOVAL (Specify) (1 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -
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22h DATE

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1961, and that death accurred at 4 P.M., from the causes and on the date stated above saw the deceased alive an 22g SIGNATURE

ATTEND NG D RECTOR PHYS 22d ADDRESS

Ridre Cematery

230 8 JR A CREMATION 236 DATE THEREOF REMOVAL (Specify)

22c PHYSICIAN'S

NAME (Type)

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City lawn) Stote)

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a REC'D BY REGISTRAR

25b REG STRAR S SIGNATURE

J. F. Eline & Sons Reisterstown, Md.

1960 to May 29

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased) ve. It canture R section 3 a. COUNTY 6 COUNTY Baltimore MARYLAND b. CITY OR TOWN (if ou de corporete / m ls a LENGTH OF STAY IN 16 c ... TY OR "OWN ill outside corporate iom ts, will RURAL and in the world in the control of the write RURAL and give nearest town) Fort Howard Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION in hot in hospital, give street address d STR ET ADDRESS A RES SENCE ON A FARM? Veterans Administration Hospital 1839 W. Mulberry Street YES | NO IX 3 NAME OF 4. DATE DECEASED OF Typ or print DEATH 19 67 JOHN. May 6 COLOR OR LACE T. MARRIED T NEVER MARRIED 9 AGE (In , and IF UNDER LYFAR LINDER 4 HRS last birthdey) | Months Deys | Hours | October 8, 1892 DIVORCED TO Male The USUAL OCCUPATION Give kind of work-106. KIND OF RUSINESS OR INDUSTRY 11 . IT PLATE COURS . . . 12 " TIZEN JE WHAT OUNTRY? done during most of working life, even if retired) Motor Transport Co. Baltimore, Maryland II. S. A. Scale Man 13. FATHER S NAME 14. MOTHER S MAIDEN NAME Belle Harper Albert Johnson 15 WAS DECEASED EVER IN C. ARMED FORCES? 1/ 5 CAL DECURTY NO CITATORN Records, VAH, Address Baltimore lo, Md. 215-05-8166 Fort Howard Division 18 CAUSE OF DEATH [Inter only one cause - fref. bed PART I. DEATH WAS CAUSED BY: PHILMONARY EDEMA IMMEDIATE CAUSE DUE TO UNK NOWN Conditions, if any which ARTERTOSCIEROTIC HEART DISEASE gave rise to immediate cause DUE TO (e), steting the underlying PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART? 19 WAS AUT DRSY PERFORMED 3. Diabetes Mellitus-Clinical 1. Nephrosclerosis. 2. Encephalomalacia. 20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER. ZDd. .NJURY OCCURRED 2Da. P.ACE OF INJURY (Home, faim, 2Df City or fow-While Not While fectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year County While Not While Hour a.m. at work et work teased from April 29 11:30 to May 23 , 1961, that to (we) last 1, and that death occurred at p. M. from the causes and on the date stated above. 21 I certify that (* (this hospita) at ended the deceased from April saw the deceased alive on, 225 DATE 22e SIGNATURE ATTENDING MED M.D PHYS. DIRECTOR PHY5. 24/61 22c. PHYSICIALIS 22d, ADDRESS NAME (Type VAH, BAITIMORE 18, MD., FT. HOWARD DIVISION THOMAS F. CRAHAN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City fown or county) 230. BURIAL, CREMATION | 236 DATE THEREOF REMOYAL (Spec [y) 20, Maryland Baltimore National Baltimore

ADDRESS

N. Schroeder St. Balto. 23, Mdonte

250. RECID AV REGISTRAR 256. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5264 DIVISION OF STATIST

CERTIFICATE OF DEATH

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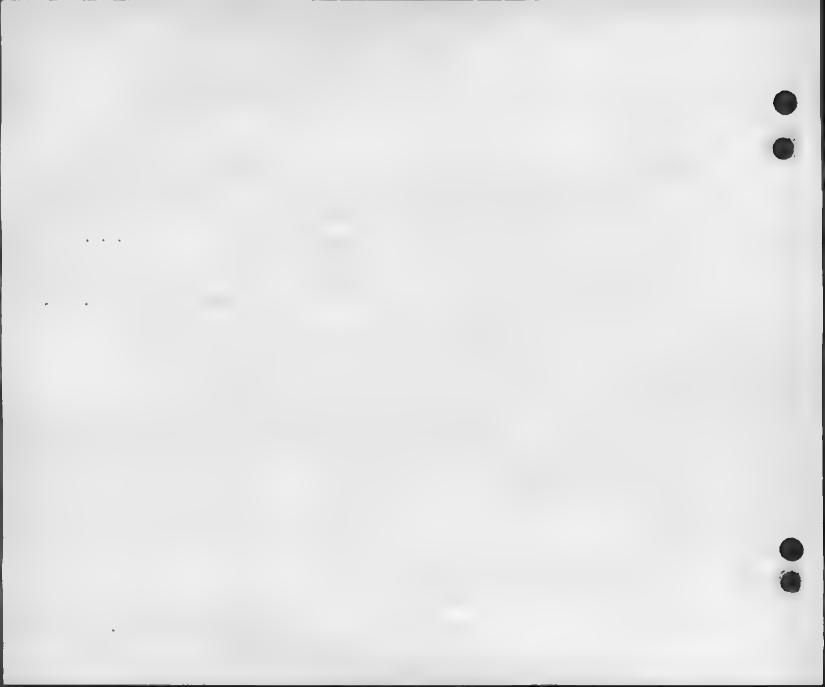
*	441111111111		
PLACE OF DEATH o. COUNTY	ALL OME ALID	2. USUAL RESIDENCE (Where deceased lived. If institution, STATE b. COUNT)	
Beltirore	MARYLAND	Maryland Balt	irosu
b CITY OR TOWN (It autside corporate limits write c RURAL and give nearest town)	LENGTH OF STAY N 16	c CITY OR TOWN (if outside corporate imits, write	RURAL and give nearest town)
Catonstille		Catonsville Catonsville	
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	ress)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
OK INSTITUTION		1 Overbrook Road	YES NO)
NAME OF First	Middle	T	nth Day Year
OFFICE SEED OF STREET SAME Johnston	***************************************	OF DEATH May	7. 1961 19
	NEVER MARRIED T	B DATE OF BRIH 9 AGE illo yeors	
		lost bythday)	Months Days Hours Min
Femile White W DOWERS USUA, OCCUPATION, Give kind of work done 10b KIN		July 3, 1875 85 yrs	1 12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)			TZ CITIZEN OF WHAT GOODING
Hoarewife Hom	.0	<u>Pennsylvania</u>	U.D. 1.
FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
John Johnston		Deborah Ann McGuire	
WAS DECEASEDEVER N U.S. ARMED FORCES? 16 SO(ZIAL SECURITY NO 17 1	NFORMANT Ad	dress Cator .v.
	one M	iss Elizabeth Johnston-10ve	erbrock mas lius
18 CAUSE OF DEATH Enter only one couse per line for		·	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	LA O The	0	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Plax Money	Web-ruce	1
DUE TO O	and as	selesota Cardio vascusos	Di D'years
Conditions if any, which agove rise to immediate (b).	ace accessed	securous quais varewas	mason (
couse (a), stating the under-			
lying coure lost.			
PART II OTHER'S GNIF CANT CONDITIONS CON	ITR BUT NG TO DEATH BUT	NOT RELATED TO THE TERM NAL DISEASE CONDITION G	IVEN IN PART 115 119 WA AUTOPSI PERFORMEDS
PART II OTHER'S GNIF CANT CONDITIONS CON			YE NO
I SAG WEGINTIAL AS WE DINDERTLING TO I SAD DESCRIP	SE HOW INJURY OCCURRE	D. (Enter noture of in ary in Port I ar Port II of item 18 ,	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c TIME OF INJURY Manth, Doy, Year 20d INJU Hour a. m p. m 19 While of work	RY OCCURRED 20e PL	ACE OF INJURY (Home, form, 120f (City or town)	(State
Hour p. m 19 While	_ Not while fo	ctory, street, office bldg., etc.)	
p. m	ot work		
21 I certify that (I) (this hospital) attended	the deceased fram	13 Dec 1954, 10 7 Ma	4 , 1962 I that I (we) la
saw the deceased alive on 6. May	196/ and that a	death accurred at Man from the causes a	nd on the date stated above
220 SCHATURE	0.		TAQ F SHANE
Gmil VY Vernen	14 /2	M.D. PHYS MED DIRECTOR PHYS	7 mayel
22c PHYS C AN S	T 75	22d ADDRESS	1-1
NAME Type) IT ITENNI	Mili- JR my	601 WILLANS WA	Y ROLFE 24 M
9 8 JR AL CREMATION, 236 DATE THEREOF 12	36 NAME OF CEMETERY O	R CREMATORY 23d LOCAT ON (City, Town,	as web
REMOVAL (Specify)	SE NAME OF CEMETERS C	A LOCATION (City, Jour,	
Renoval May7, 1961	Mooresville	Mooresville	Penria Sar RE
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGISTRAR 256 REC	
and the state of the same of	(See 1. 1)	1.4 DATEMAY 9 1 CL	Thurs Y Fan

TO FINERAL DIRECTION. Are has pial ar attending physician

TO FINERAL DIRECTION. After this certificate has been signed by the attending physician and campletely filed by the fundamental page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs effer death ENDING PHYSICIAN: The aw requires that the death certificate be executed with n 24 h TO HOSP!

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Page 4



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAL D CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE . Where disc esed I vad, a institution Res there are a mile a. COUNTY **6. COUNTY** Mary Land Baltimore MARYLAND 高山方 b. CITY OR TOWN, flouts do co polate i mils, E TENGTH OF STAY IN 15 a CITY OR TOWN If outside corporate limits with RURAL Idia. write RURAL and give neerest town) Fort Howard Baltimore d NAME OF HOSPITAL OR INSTITUTION if not in hospital igive street addiess d STREET ADDRESS IS RE ENGE IN A FARM? Veterans Administration Hospital NO X 20 North Gorman Avenue papers. DATE Year DECEASED OF Type or print DEATH B. 19 JOHN. May and cor FUNCERITE & FUTTE 6 COLOR OR RATE 7 MARR ED T NEVER MARRIED | | 8 DATE OF BIRTH 9 AGE (In year last birthdey Male W DOWED [7] DIVORCED March d. 970 10a U.UAL OCCUPATION (Give kind of work TOU KIND OF BUSINESS OR NOUSTRY BY TRIMPY JE C V & L 2 HE 16 JP 10 1 8 done during mist of working ite even firefred) rem Handy Man Chemical Company Salvia, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please George Jones Josephine Washington 15. WAS DECEASED EVER NUS ARMED FORCES! 16 SONIAL SOURTY NO 1. INFORMANT Clinical Records, VAH, Baltimore 10, Md. Ft. Howard Yes, no or unknown, (Ify sg vew rords sofservic IMPRIVAL I MEN 18. CAUSE OF DEATH (Enter only one cause per line to UN LT AND LEATH PART I, DEATH WAS CAUSED BY: 6 DAYS CEREBROVASCULAR ACCIDENT IMMEDIATE CAUSE 'a DUE TO .b. ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE TINKNOWN gave rise to immediate ceuse (a), stating the underlying CARCINOMA OF PROSTATE WITH METASTASIS TO hospital or and certificate has PART II OTHER SIGN F CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1 19 WAS AUTOFSY PERFORMED? NO prior 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20h DESCRIBE HOW INJURY OCCURED LEnter nature of plury in P rt 1 or Part II of 1 m 18 After this ce etached for a of Health pr 20d NIURY OCCURRED 21/2 PLACE OF INJURY I Home form. 2Df Cty or town 20c. TIME OF NJURY Month, Day Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that X (this hospital) attended the deceased from. May 5 1961, to May 16 , 190.4., that (N) (we) last saw the deceased alive on May 16 19 61, and that death occurred at 32 M, from the causes and on the date stated above. 226 DATE 228 SIGNATURE SIGNED ATTENDING PHYS. D.RECTOR PHYS page with th 22c. PHYSICIAN 22d ADDRESS NAME (Type THOMAS F. CRAHAN, M.D. VAH, BALTO. 10, MARYLAND, FT. HOWARD DIVISION 238 BURIAL CREMATION 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county REMOVAL (Specify)
Burial 0 5 8 Baltimore National Baltimore Maryland ADDRESS 1258 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 512 Carrollton Ave. Balto.Md. Cooper. 15M 9/60 to and L three

DIRECTOR.

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MARYLAND STATE DEPARTMENT OF MEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MAY YUR ND . CERTIFICATE OF DEATH 5266 2 USUAL RESIDENCE , Where decreesed I yed if institution 1 PLACE OF DEATH a. COUNTY Baltimore MARYLAND Anne Arundel b. CITY OR TOWN If outside corporate mits. e LENGTH OF STAY N 16 TY OR TOWN If outside expose I milk, wire RURAL id has a write RURAL and give nearest town) 11 days Traceys Landing Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Veterans Administration Hospital YE. X NO 4. DATE DECEASED OF (Type or print DEATH 6. COLOR OR RACE 7 MARRIED THEYER MARR ED K. " DATE OF BIRTH 9 ACE TO YEAR IF UNDER TYEAR OF UNITER AN HRS 60 Months Deys DVORCED | August 2, 1894 Negro 10a. USUAL OCCUPATION (G y kind of work 106, KIND OF BUSINESS OR INDUSTRY 11 IRTHFLACE A to o least the 1 LIZEN OF WHAT OUNTRY? done during most of working life, even if retired) Calvert County, Maryland Sea Food Waterman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary Reed John Jones is was deceased ever in U.S. armed forces: 16 Social Ecusity No 1 Informant Clinical Records down VA Hospital (Yes, no, or unkown) | (Ifyesg vewarordelesofservice) 3900 Loch Raven Blvd. Balto 18, Md. Ft Howard Div. 18. CAUSE OF DEATH [En er only one course per ling for INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY-3 months CONGESTIVE HEART FAILURE IMMEDIATE CAUSE , e DUE TO HYPERTROPHY AND DILATATION OF THE HEART Unknown Conditions if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PARTILL OTHER 13ND AND CONDICONS CONTROLLOW TO BE ATABLA OF A TECHNICAL ASEA, CONCION ON ON ON ON A A TOP Y Bronchopneumonia-one week. Adenoma, Unspecified, of the Pituitary-unk YES X NO. 206 A. T. WAS USE IN 206 DES RIBE HOW NIURY OCCURED. IN 19-9 of nivy in Seril sold semission CONTRIBUTING COLORED CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OFF JRATE FLA E OF INJURY CHAIR FRE 20c TIME OF INJURY M 112 Day Yes lectory, street, office bldg., etc.) While ___ Not While el work et work 21 | certify that ((this hospit I) after on the deceased from May 8 6:1981 to May 19 161 and that death occured at P M, from the caules and in the late set diabove saw the deceased alive on. May 19 22b DATE ATTENDING MED. STAFF TO THYS TO 22d ADDRESS 3900 Loch Raven Blvd. Balto 18.Md. 246 PHYS CAN'S NAME Type! CHARLES ALLEN, M.D. FORT HOWARD DIVISION. 236, BURIAL CREMATION 235 DATE THEREOF 23c NAME OF CHARTERY OR REMATORY 23d OCATION by town or the 15% to REMOVAL (Specify) Union Chapel Church Cemetery Tracey's Landing, Maryland ADDRESS 250 RE D BY RELISTRAR 256, REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Pinkney Sewell Funeral Home, Prince Frederick, Md. MAY 29'61 1 Chilling S. Heater

MARYLAND STATE DEPARTMENT OF HEALTH

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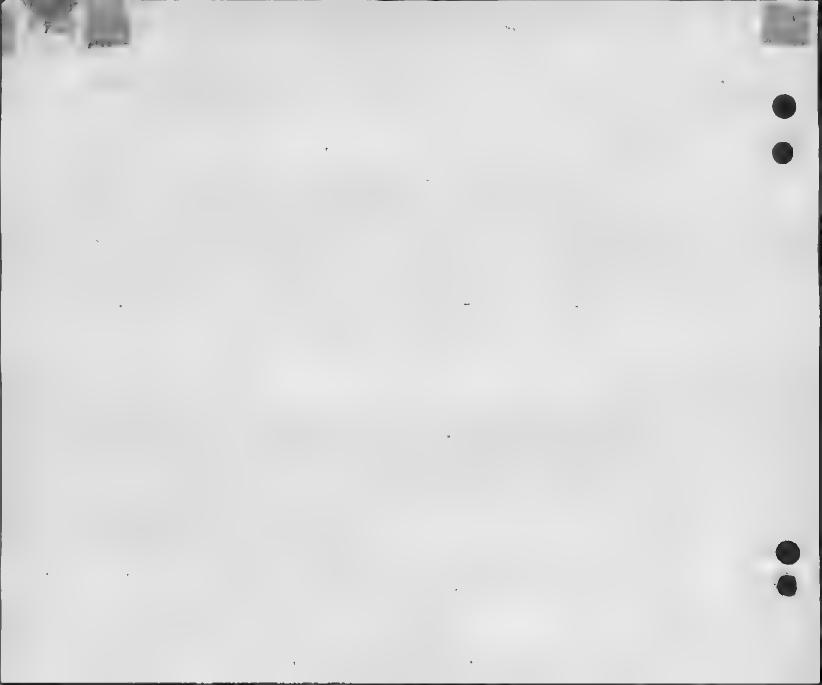
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o COUNTY Baltimore

MARYLAND

C LENGTH OF STAY N 16

Md.

b COUNTY Baltimore c. CITY OR TOWN (if autside carporate limits, write RURA, and a veinearest tawn).

b CITY OR TOWN (If outside carporate limits, write-

during most of working life, even if retired)

PART I, DEATH WAS CAUSED BY

d STREET ADDRESS

Baltimore e IS RESIDENCE

d NAME OF HOSPITA. (If not in haspital give street address)
OR INSTITUTION 1109 Oakland Terrace Rd

1109

ON A FARM? Oakland Terrace Rd. YES TO NO IX

NAME OF DECEASED (Type or pont) 5 SEX

Earl Linwood Kelly

6 COLOR OR RACE / MARRIED A NEVER MARRIED A B DATE OF BRTH

Mav DEATH

DATE

9 AGE (In years JE JNDER TYPAR IF INDER 24 HRS

male

WIDOWED |

DIVORCED |

last birthday) Manths Days Hours 12 CITIZEN OF WHAT COUNTRY?

molding supt.

100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Coppers Co.

Baltimore, Marylad 14. MOTHER'S MAIDEN NAME

ONSET AND DEATH

rebell or

13 FATHER'S NAME

James C. Kelly

MMEDIATE CAUSE (0)

IS WAS DECEASED EVER IN U.S. ARMED FORCES? I'M SOCIAL SECURITY NO.

Laura A. Stuart

Address

(Yes, no. or unknown) no

18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

17 INFORMANT

Helen M. Kelly 1109 Oakland Terrace Rd. INTERVAL BETWEEN

DUE TO Canditions, if any, which gave rise to immediate

cause (a), stating the underlying cause last

(b) **DUE TO**

PART OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WAS AUTOPSY

21 I certify that () (this haspital) attended the deceased from

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in vey in Part I or Part II of item 18)

20g ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT (IF EITHER, NOTHEY MEDICAL EXAMINER)

23a BURIAL CREMATION 23b DATE THEREOF

20d NJURY OCCURRED

20e PLACE OF INJURY Hame form 20f (City or town) factory, street, affice bldg , etc.)

PERFORMED? YES NO M

20c TME OF INJURY Manth Day, Year Hour a.m. p m

While Nat while at work at work

,County)

saw the deceased alive an _ 220 SIGNATURE

19 4/ , and that death occurred al 4 9M. from the causes and on the date stated above

M D PHYS. MED DIRECTOR PHYS 🖂

1256, ta_

5 / / 1 ... 19 6/. that (1) (we) last

22- PHYS CIAN'S NAME (Type)

John Healy, M. D.

234 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d LOCATION (City town or punty)

Baltimore, Maryland

Francis Avenue

St el

REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

250 RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Howard H. Hubbard 4107 Wilkens Ave.

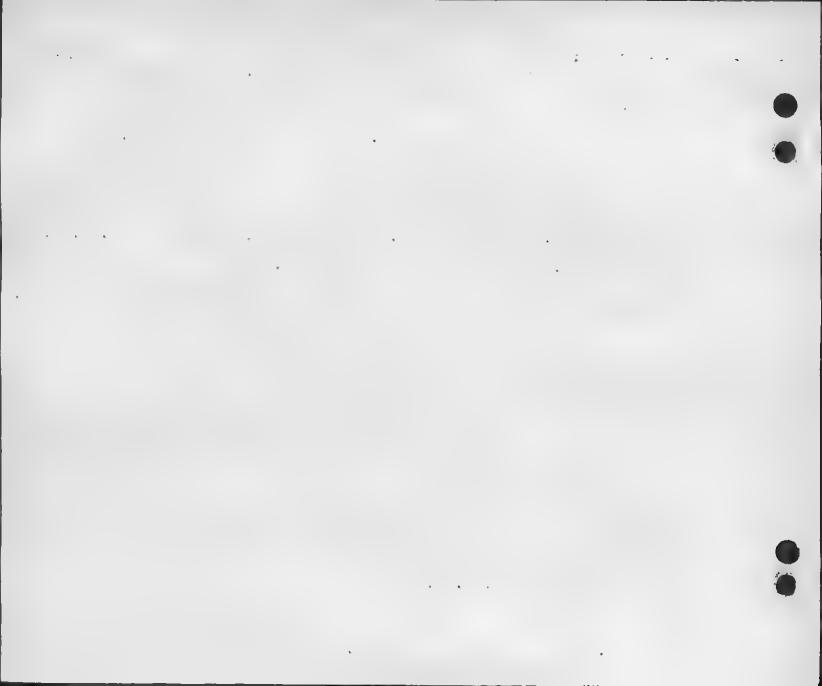
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
7 35 4	CERTIFICATE OF DEATH Reg. Dist. No.	5334
B 55 1/1	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before o STATE b. COUNTY	admission)
i pi	Baltimore faryland Baltir	
	RURAL and give nearest town) Rural	st town)
15 Ans 07	I OR INSTITUTION	IS RESIDENCE ON A FARM?
	2 NAME OF	YES W NO
illed is 1 ces 1 c	Cost Cost Cost Cost Cost Cost Cost Cost	196 1
ithin 2	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF BIRTH 9. AGE (In years I VENDER I YEAR III	
plets.	P WIDOWED DIVORCED 7-27-1395 65 VII	Hours Min
com com orth.	during most of working life, even if retired	WHAT COUNTRY?
and and and der		States
e be	13 FATHER'S NAME Kelly, Maurice Nolin, Elizabeth	
Fical hysical ove ove	Kelly, Maurice Nolin, Elizabeth 15 WAS DECEASEDEVER IN U. S. APMED FORCES? 116 SOCIA, SECURITY NO 17, INFORMANT Address	nti -
rent ng ph rem 72 hc	Ten no or unknown) [1] yes, give wor or dotes of terrice] Sr.M. Henrica Villa Maria, Gl	enarm.Md.
eath ease thin	18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)]	VAL BETWEEN
att of the distriction of the di	PART I. DEATH WAS CAUSED BY Generalized Carcinoma ONSE	year year
at the The The even	DUE TO	
d by mit.	Cordinors, if ony, which (b) Carcinoma of the breast	years
require on. signe signe ind in c	couse (o), storing the under tying couse lost. DUE TO (c)	
he low physici nas beer riol-tran naval, a		WAS AUTOPSY PERFORMED? YES NO
IAN: 7 ending ficate 1 the bu	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSIC or all is cerb use as mation	Zoc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o m Whi B Nat whi E of work of	(State)
or the far far cree	21. I certify that I attended the deceased fromFebruary, 1961_, to May 1961that I last sav	
Aft. Hos	alive an 18 4 9. 19 6] and that death occurred at 8 m. M. from the causes and on the date	r me deceased
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	alive an 1.8 9,	DATE SIGNED
IRECT original	SIGNATURE TOWER	
RAL D	PHYSICIAN'S C'aples F. O'Donnell	
HOSPII oy be r FUNER age 3 si ie regist	220 BLRIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county)	(Stote)
O E O E	23 FUNERAL D RECIONS SHOWN LEE ADDRESS ADDRESS 240, RECID BY REGISTRAN 1240, REGISTRAN'S SIGNATURE	
V5 A15 (4)	100 A W 1 A GOIS, CONKLING ST.	
15M 10/57	Charles of Jeules BALTG, 24, MD; DATE HY, O Ling & Kin.	*



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		MARYLAND STATE DEPARTA	MENT OF HEALT	H-BALTIMOR	E, 18	
e de		5270 CERTIFIC	ATE OF DEAT	н	Reg. Dist.	No_1, 262
Ī IVI	1 1	PLACE OF DEATH COUNTY	2 USUAL RESIDENCE (W	Where deceased lived. If ii b. CO		before admission)
E C		Baltimore MARYLAND	Maryla	nd	Balt	imore
		b CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)	C CITY OR TOWN (#	outside corporate limits, v	virite RURAL and give	nearest lawn)
	-	Rural d NAME OF HOSP TAL (If not in haspital, give street address)				
X		OR INSTITUTION	d STREET ADDRESS			e IS RESTORNE
		Rural	Glenarm,			TARRAGE TO THE TARRAG
		NAME OF First Middle DECEASED	lost	4 DATE OF	Month	Day Yeor
	-	(Type or print) Sister Mary Adeline III.		DEATH	5	3 19 61 EAR IF UNDER 44 PM
	3. :	A THE PARTY OF THE	B DATE OF BIRTH	9 AGE [In lost birth	doy) Months Da	PARTICIPATION OF THE PARTICIPA
	100	F W.DOWED DIVORCED	Feb.15,18	70 91	yrs Do Civize	
	100	JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INCiduring most of working life, even if retired)	USIKT II B KIHPLACE (Stot	e ar rareign country)	12 CHIZE	N OF WHAT CO JNTRY?
	12	Teacher Relimination	Pa 14. MOTHER'S MAIDEN	NIAME	Uni	ted States
	13	40 1 221				
	15	John Kleffer WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Caro	<u>line Wiest</u>	Address	
		(If yes, give wor or dotes of service)				
	-		r. M. Henri	caVill		Glenarm, Md.
		18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).] PART I DEATH WAS CAUSED BY	(m) 3 e			ONSET AND DEATH
		IMMEDIATE CAUSE (6) GETEDI'ST	Thrombosis			2-3 wks.
		DUE TO				3.0
		Conditions, if any, which gave rise to immediate (a) Generalized A:	rterloscler	OS1S		10 years
		cause (a), stating the <u>under-</u> lying cause last.				
	Z.	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8:	JT NOT RELATED TO THE TERM	AINAL DISEASE CONDITIO	IN GIVEN IN PART I	ON THE WAS AUTOPSY
	ATIO					PERFORMED?
	FICA	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW NJURY OCCUR!	RED (Enter noture of injury in	Port Lor Port II of item 1	8)	1
	CERT	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	3		PLACE OF INJURY (Home, for	m, 20f (City or town)	(Cov-	nly) (State)
	MEDICAL	Haur a m While Not while p, m. 19 at wark ot wark	octary, street, office bldg., e	tc)	,	
	=	21. I certify that I attended the deceased from	10 52 to	Annil	2 67 4 4 1 1 -	1 1 - 1
			th accurred at 1.1.			
		dive da 1220 43 - Cold mar ded	in accorded of Traci	ADDRESS (Street, city or		DATE SIGNED
		SIGNATURE CHECKEN COUNTY COUNTY	мо. 7501	York Road	·	5/8/11
			_ m v	TATE TOUR.		x4-0-f-61-x
		NAME (Type) CHARLES F. O'DONNELL				
	22a	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, I	own or county)	(Stote)
PARTICIPATION (Stote) 1220 BURIAL CREMATON, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) (Stote) 120 BURIAL (Specify) 5-10-01 171111 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 185011 1850118					7	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 500 2. USUAL RESIDENCE (When decess 1 x d if a f 1 PLACE OF DEATH A COUNTY a. STATE 6 COUNTY Baltimore MARYLAND Maryland Queen Annes b. CITY OR TOWN, flouts de corporete l'imits e City OR TOWN (If outsic corporate mults, write RURAL aid we have a c LENGTH OF STAY N 16 write RURAL and give negresi town) Fort Howard Centreville Davs d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address, d. STREET ADMINES a. IS RESIDENCE ON A FARM? Veterans Administration Hospital NO TX Route 2 3. NAME OF sf 4 DATE DECEASED OF EDWARD P. (Typ. or print) KTISON DEATH 19 May 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 8 CATE OF BIRTH AGE I'M VANTS HE UN DER TYEAR last birthdoys Months Days Male Negro WIDOWED . DIVORCED September 10a USUAL OCCUPATION Give hind of work 105 KIND OF BUSINESS OR INDUSTRY 1 PIR F 12 CITIZEN OF A MAT COUNTRY? done du na mast of works alto, even it retir de Truck Driver Trucking Centreville, Maryland U? S. A. 13. FATHER'S NAME Maiden Name Lloyd Kilson Augusta (Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 15 SOCIAL SE URITY NO. 17. INFORMANT Yes, no, or unkow , (If yes yewer or dates of service, Yes WW II Clinical Records, VAH, Baltimore 18, Maryland FORT HOWARD DIVISION INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)., ONSET AND DEATH PART I DEATH WAS CAUSED BY BRONCHOPNEUMONTA 5 DAYS IMMED ATE CAUSE IN XXXXXXX PORTAL CIRRHOSIS OF LIVER Conditions if any which UNKHOWN gove rise to immediate cause (a), sleting the underlying CHRONIC GASTRITIS, ESOPHAGITIS UNKNOWN PART I OTHER SIGN F CANT CONDITIONS CONTRIUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1 21 19 WAS AUTOPSY Operation: Status Post Subtotal gastrectomy for bleeding peptic ulcer. PERFORMED? NO -208. A CIDENT WAS UNDERLYING . 206 DESCRIBE HOW NURY OCCURED , Enter neture of injury in Part II of them 18 OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Steter 20c. T.ME OF NJURY Month, Day, Year 20d. NJURY OCCURRED , 20e. PLACE OF NJURY (Home, farm, , 20f. (C'ty or town fectory, street, office bldg., etc.) Not While While Hour a.m. et work st work 10 May 29 May . 19 61, that (X (we) last 21. I certify that (K(this hospital) attended the deceased from. '19 61 saw the deceased alive on May 22b. DATE ATTENDING DIRECTOR 1 PHYS PHYS FUNERAL rector, page 3 PHYSICIAN 5 22d ADDRESS VAH, BALTO. 18, MD. FT. HOWARD DIVISION O HO death O FUI directo 23d LOCATION (City, town or county) 235 BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burrisville, Maryland Burial 258 REC D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Church Hill, Maryland DATE JUN 5 Circling & Kraus 15M 9/60 Edgar Lane

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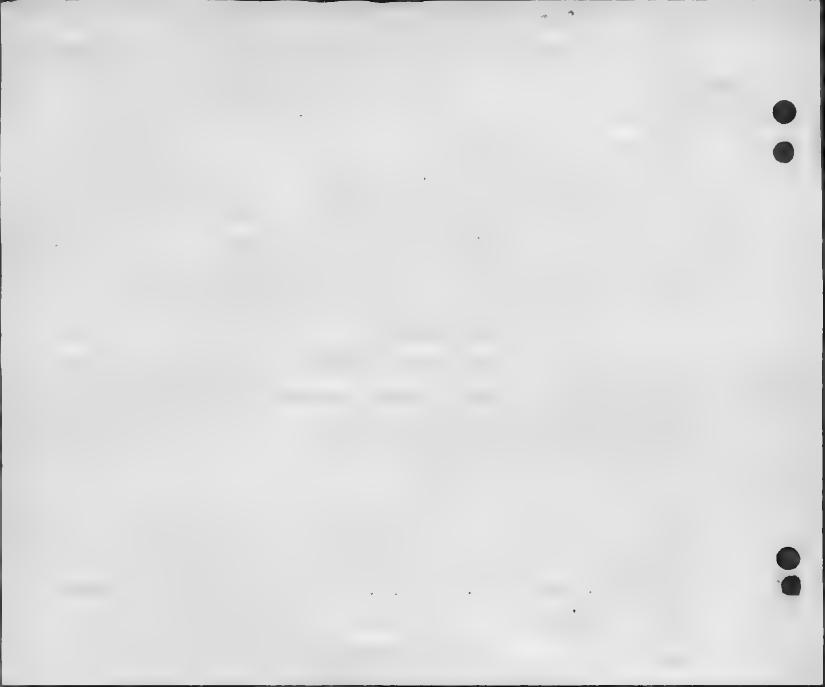
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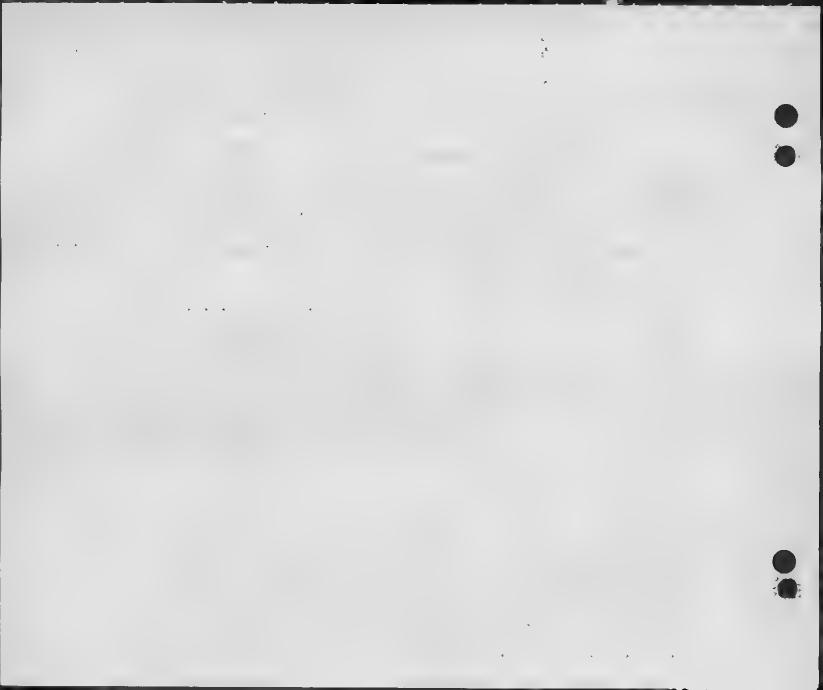
MARYLAND STATE DEPARTMENT OF HEALTH	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	02264

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		BURTAL	, 5-24-61	Moreland Me	morial	los- prem	Taylor	Ave. & 256, REGISTRAR'S	Dale	ford Rd-
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TO HOS

A SATIENDING PHYSICIAN: The law requires that the death certificate be executed thing prouse after the death, regs

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral defector, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any mount, which 72 hours after death.



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				
الم	CERTIFICATE OF DEATH Reg. Dist. No. U 5265				
W faired	1 PLACE OF DEATH 0 COUNTY BALTO - MARYLAND 2 USUAL RESIDENCE (Where deceased lived I filinstitution Residence before admission) 0. STATE MARYLAND COUNTY				
d be f	b CITY OR TOWN (If outside corporate limits, write RURAL and gure nearest town) RURAL and gure nearest town) ORLTIMORE LIFE C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
2 shou	d NAME OF HOSP TAL (If not in hospital, give street address) or INSTITUTION. OR INSTITUTION. Long green Nors, Hone 1/3 E. MELPOSE DE 18 RESIDENCE ON A FARM? YES NO DE				
illed	3. NAME OF DECEASED (Type or print) ROS/AFT (CFAD) CORPS DEATH 5 6 1961				
s Page	5. SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DAT OF BRTH 9 AGE 10 years IF JNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED 15 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2				
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cian on carbai	13 FATHER'S NAME Sohn H CIRADY LENA FICHZOUS & BOLT:				
rentifica ng physi remove 72 houri	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dors of service) (Yes, no. or unknown) (If yes, give wor or dors of service) (Yes, no. or unknown) (If yes, give wor or dors of service)				
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oe deto.	ACTUAL SIGNATURE Lee 200 / Lido Richar Lymp, 321 DUNKIRK RDB MLT019				
Should it	PHYSICIAN'S Charles Victor Richards 7 5-6-61				
dy be dy be FUNES	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Fig. 13 Loudon Park (amotern) Removal (Specify)				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea Dist No director 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH · COUNTY o. STATE **6 COUNTY** filed MARYLAND Baltimore Maryland Baltimore uneral C LENGTH OF STAY N 16 b CITY OR TOWN (If outside corporate limits, writec. CITY OR TOWN (If outside corporate limits, write RuRAL and give nearest town) RURAL and give negrest town) auld Baltimore Baltimore d NAME OF HOSPITAL (finot in hospital give street address) ine in d STREET ADDRESS 20 2113 Gwynn Oak Avenue 2113 Gwvnn Oak Avenue pup NAME OF 4. DATE Middle Month ęg DECEASED DEATH ages (Type or print) Esther Kroder May Mav Ē 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH ost birthday) Months Days Hours Min DIVORCED Female WIDOWED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) in pape death. 12 C T ZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Baltimore U.S.A. Т 13 FATHER'S NAME after 14 MOTHER'S MAIDEN NAME Harry C. Stalling Francis Hawes Mave physic 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Charles C. Stalling 3701 Cassen Road D Randallstown, Marylan d edse 5 18 CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c) atte a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 7 1 7 DUE TO ۵ Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (a), stating the under-CIGN. lying cause lost this certificate has been si ir use as the burial-transit PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA, DISEASE CONDITION GIVEN IN PART 1, 19. WAS AUTOPSY physias be DAD 9 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW NULRY OCCURRED (Enter nature of in any in Port 1 or Port 1 of item 18.) MEDICAL 20c TIME OF NJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Ь Hour o.m. While Not while of work of work hasp | After .. 1955 to... that I last saw the deceased, 19,___,that I 21 | certify, that | attended the deceased from ________

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15M 975B

220 BUR AL CREMATION, 226 DATE THEREOF REMOVAL (Spec fy) June 3 Burial 23 FUNERAL DIRECTOR'S SIGNATI

alive an_____

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

> 22¢. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery **ADDRESS**

Armacost 4600 Liberty Heights Ave.

Woodlawn 24g REC'D BY REG STRAR 246 REG STRAR S SIGNATURE

22d LOCATION (City town, or county)

a IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stole)

YES NO

(State)

YES | NO 1

Yeor

1961

DATE JUN D

ADDRESS (Street, city or town, state)

and that death accurred at 122 M, from the causes and an the date stated above



RYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed my 1 1 I night on R rd. a. COUNTY a. STATE . **b.** COUNTY **축** 건 년 MARYLAND нахихапа b. CITY OR TOWN I wild corporer limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN IF ours de co pira a limit write 2LRAL write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give study eddress ON A FARM? 3. NAME OF Middle DECEASED OF CTYP P PA 1 DEATH may NUTE lest birthdey) Months WIDOWEDT physician kind of a redore during most of working I to, even if retired attending and and Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. A, no, or unkown) (If yes give war or dates of service) the 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which peen gave rise to immediate cause DUE TO (a), stating the underlying (c) PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 19. WAS AUTCPSY certificate NO r usa 2Db DESCRIBE HOW INJURY OCCURED En ineture of injury in Pertition Pertition 18 468 ACCIDENT WAS UNDERLYING After this ce OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED | 2De PLACE OF INJURY Home, form | 20F | City or town 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While While et work at work "Mar. .. 194% to May 1. 21. | certify that (I) (this hospital) attended the deceased from ... 1961. that (I) (we) last 19 6/, and that death occured a P.M. from the causes and on the date stated above. L DIREC saw the deceased alive on ATTEND NG 226 DATE 22e S GNATURE MED. STAFF S.GNED PHYS DIRECTOR death.
O FUNERAL |
director, page 3
ba filed with the 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION 236. DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAY 4 15M 9/60



Liberty Heights Ave.

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RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ON A FARM?

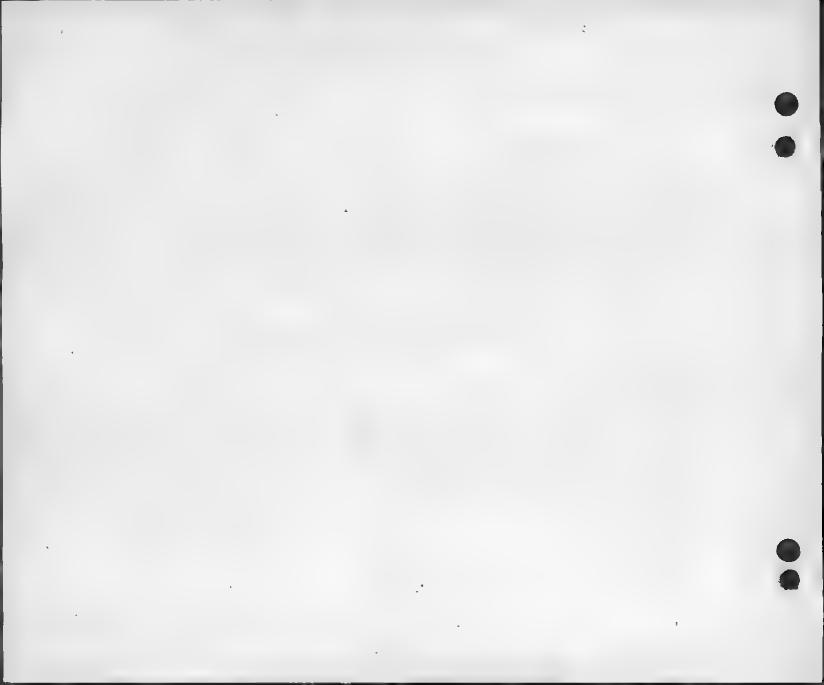
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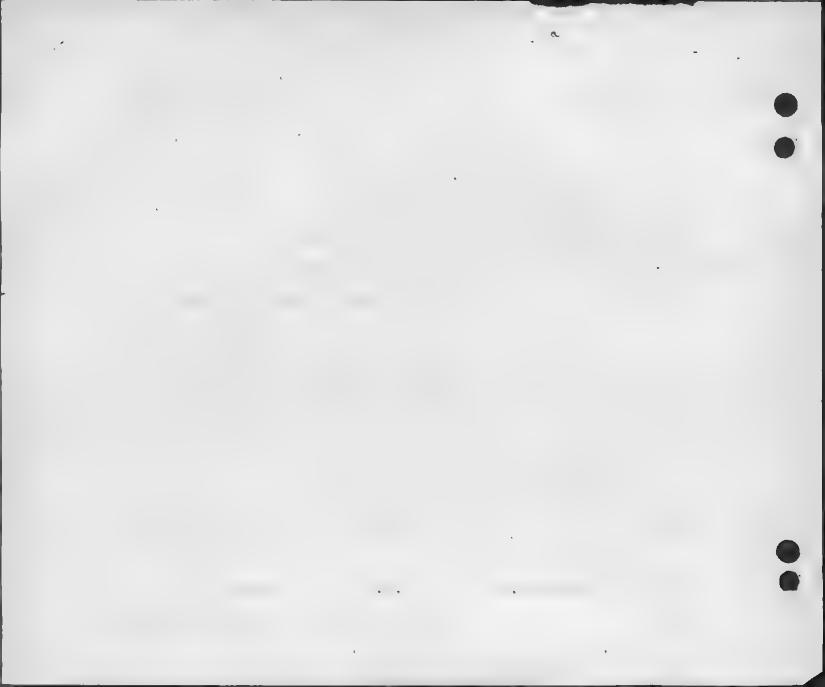
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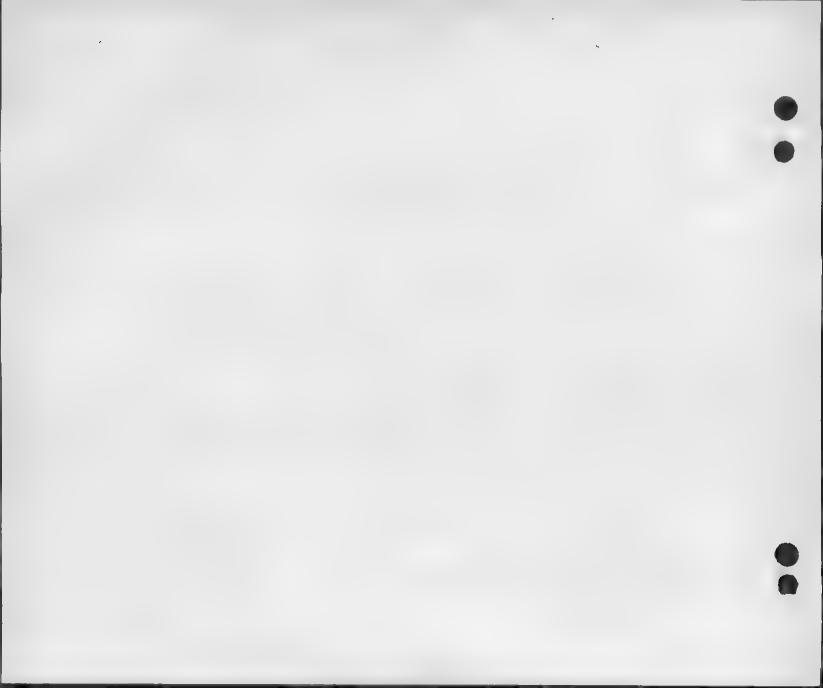
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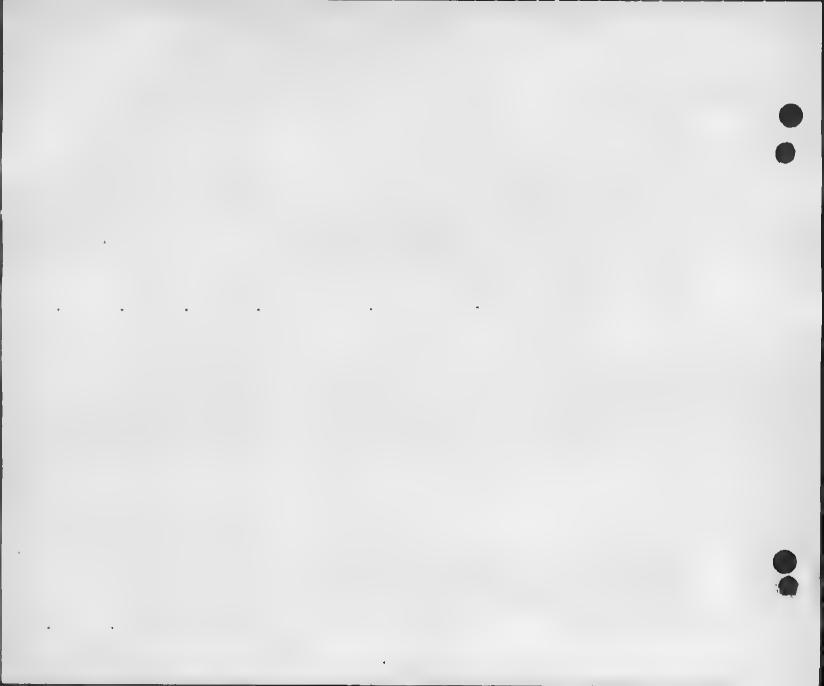
MARYLAND STATE DEPARTMENT OF HEALTH



TOR STATE	Division of ATATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE OF DEATH	F271
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F H D O	REMOVAL (Specify) 5/11/6/ Arlington Jational Cemetery Fort Myer ADDRESS GNA	irginia -
VS. A15ME 5M 7/59	Mm. Cook-Blight, Inc. 6009 Harford Rd., Balto. 14, Md. DATMAY 11 '61	
	W.W. Chambers, 1400 Chapin St., N.W., Washington, D.C.	



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aw r /sic a been frans	<u>1,</u>	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
The Page 1943	Š (T)	AND ACCIDENT WAS INCREASED FOR DESCRIPTION OF A LONG COURSES.	YES NO LY
IAN: ending ficate the b	ar re	206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port Lor Port I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Critem 18 J
PHYSIC or orl his cert	mation	Hour a m. 19 of work at work	r town) (County) (State)
NG uspiter ter t	5 -	21. I certify that I attended the deceased from June 31, 1959, to may 6	, 19 0 , that I last saw the deceased
ENDI he he ache	burid ,	alive an May be , 19 to , and that death accurred at 9 42 M, fram	the causes and an the date stated above
dei dei	p #	AV acade 1/2.100	et, city or town, stole) Out State Hosp. 5-6 6
	egisfrar prior	PHYSICIAN'S RICARDO IBANEZ	
Oy be reported by be 3 s			ON (City, town, or county) (State)
五 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2		Frederick Ave., Bolto.29
V\$ A15 (4)		UNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRA DATE MAY 9 6	
1SM 10/5	7	FLYNN & FIFMING, INC. 1/22 Light St. DATE TO THE TOTAL	



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
	5281 Teem R Fil CERTIFICATE OF DEATH Reg. Dist No. (15273		
7	PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY Baltimore		
M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX d. NAME OF HOSPITAL (If not in hospital, give street oddress) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town) ESSEX d. NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RESIDENCE		
	OR INSTITUTION OR INSTITUTION ON A FARM? YES NO W NORTH NORTH NORTH Day Year		
	Type or print John Richard Lewis DEATH May 12 1961		
	Male White WIDOWED DIVORCED January 27/98 6 7 yrs Months Doys Hours Min		
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11 B RTHPLACE (Slove or foreign country) 12 C TIZEN OF WHAT COUNTRY? 13 FAMER'S NAME 14 MOTHER'S MAIDEN NAME		
	John T. Lewis Catherine Goggan 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT		
4	100 216-01-1470Mrs. Catherine Lewis 920 Martin Rd.		
	18 CAUSE OF DEATH [Enter on y one couse per line for (o) (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		
	Conditions, if ony, which gove rise to immediate cause (a), stoling the under-lying cause lost.		
	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/2 19 WAY AUTOPSY PERFORMED? YES NO 12		
	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED Enter noture of injury in Port or Port L of item 18) OR CONTRIBUTING CAUSE OF DEATH URLE EITHER, NOTHER MEDICAL EXAMINER)		
	C 20c TME OF INJURY Month Doy, Year 20d INJURY OCCURRED 2De PLACE OF NJURY (Home form, 20f (City or town) (County) (State) Hour o m. While of work of		
	21. I certify that I attended the deceased from 100 2 1954, to 1954 that I last saw the deceased alive an 1964, and that death occurred at 100 AM, from the causes and an the date stated above.		
	ACTUAL SIGNATURE MD 43 F COLUMN STOTE) DATE SIGNED		
	PHYSICIAN'S () 3 (A T T) 1)		
	BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. (22d LOCATION (City Jown, or county) (5101e) BURIAL Specify May 151961 New Cathed ral Cem Baltimore May		
	13 SUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES		
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
* 3E			5282 CERTIFICATE OF DEATH Reg. Dist. 45 274	
Poge director		1	PLACE OF DEATH COUNTY 2 USUAL RESIDENCE (Where deceased ived if institution Pos dence before admission) O STATE Fig. 1-4 b COUNTY	
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the d 2 sho			d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM? YES NO	
n 24 ho			NAME OF DECEASED (Type or print)	
id w thi pletely ins. Pag		S	Marie Wilder Wilder Divorced 2/6 to 11/2 8 Post of Months Days Hours Min	
execute nd cam no pape death.		10e	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore gn county) 12 CITIZEN OF WHAT COUNTRY COUNTRY (1) BUSINESS OR INDUSTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT COUNTRY (1) BURTHPLACE (STATE OR FORE MAN COUNTRY (1)	
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attendi o pleas t within			PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) A CAUSE OF DEATH [Enver only one course per line for (a) (b) and (c)). ONSET AND DEATH ONSET AND DEATH	
requires that the name is signed by the nat permit. The and in any even		7	Conditions, st ony, which gove rise to immediate couse (c), stating the under ly ng couse lost DUE TO (c)	
the law physic has bee rial tra noval,		ICATION	PART IF OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO	
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PHYSIR tol or o this cer ir use or remotion		MEDICAL	TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Hour a.m. 19 of work of wo	
e hospi t: Affer ached fo			21. I certify that attended the deceased from 19 1, to 19 that I lost saw the deceased alive on 19 1, and that greath accurred at 2.2 LM, from the causes and on the date stated above	
be delo	ų		ACTUAL SIGNATURE AT THE SIGNATURE ACTUAL	
RXX DIS	İ		PHYSICIAN'S 1.14 TITIC T ISFES DIAME (TYPO)	
may be FUNE page 3 the regi		720	BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C.ty. town or county) (Stole	
VS A15 (4) 15M 10/57	11	23	The first of Scale MAY 22 '61 and 8 to 18	

1 4	MARYLAND STATE DEPARTMENT OF HEALTH
FAR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived I not tuber. Residence before admission.)
TA BEST	BALTIMORE MARYLAND b. COUNTY BALTIMORE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
directo or your eard of	DALDWIN
6-24-2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? 5. Alliston Drive -Box 253 VESTIVE -BOX 253 VESTIVE -BOX 253
the funeral retained to be State Bo r death.	3. NAME OF First Middle Last 4. DATE Month Mary Day Year
the start	(Type or print) Bruno George LOHSE DEATH April 10, 19 61
d 3 to d 3 to sy be with til s after	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER YEAR IF UNDER 24 HRS.
ter d	PIGLE WILLIAM OCCUPATION (Give bind of week 100 MIND OF BUSINESS OF INDUSTRY 11 BETTER OF STATE OF STATE OF BUSINESS OF INDUSTRY 11 BETTER OF STATE OF STA
s last	done during most of working life, even if retired) Rigger Md. Drudnek Cermany 115A
Page A3. P	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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with 18. (1 for nit. F	15. WAS DECEASED EVER IN V.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgfvawarordalesofservice)
tred with perr	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e).]
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Medi All Cr	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part Lot Part II of Item 18. PRIMARY or CONTRIBUTING CAUSE OF DEATH.
thing hief of burish	
CAN Pag Pag	20c. TIME OF INJURY Month Day, Year 10d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) (State) Hour e.m.
To To Transfer of	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
Centing Control of Con	death resulted from Natural causes
d a line	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDI
oxecute lid be for	SIGNATURE May 11, 1901
A X 그는 X	NAME (Typa) Address (Street, city, town, or county)
or its	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country)
H H	CREMATION 5/15/6 GREEN MOUN) BALTIMORE. VIKT.
VS. A15ME 5M 9/60	L. J. RUCK 5305 HARFORD Rd. DATHAY 15'61 Com 8 time



240. REC'D BY REGISTRAR

DATMAY 1 5 '61

246 REGISTRAR'S SIGNATURE

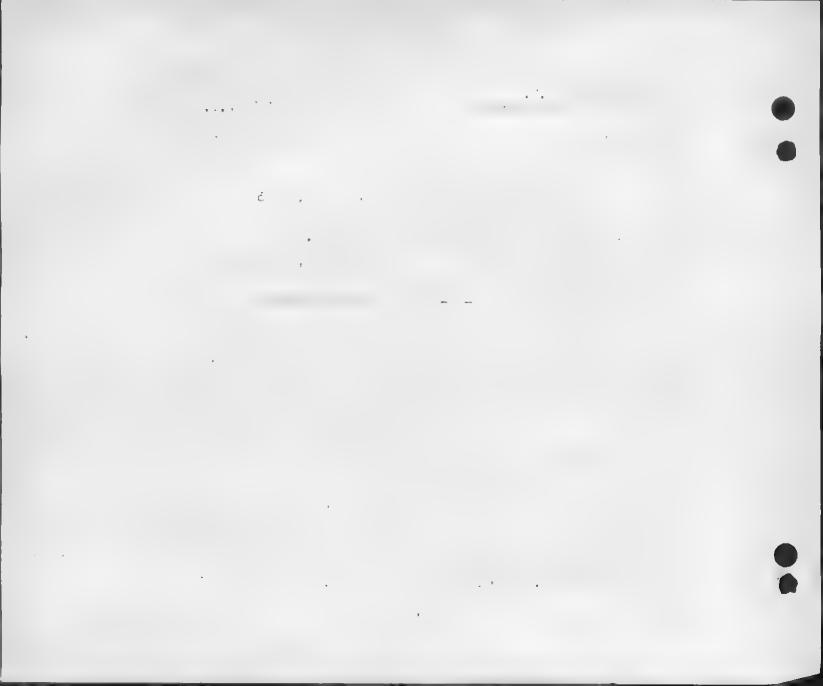
Lathur & Frank

AND SPINE SALE DIES OF STRONG
23. FUNERAL DIRECTOR'S SIGNATURE

Juhn Burns' Sons, Towson, Maryland

DIRECTOR

filled



arei di Mar Page di for your fles Board of Health, retained he State in death. to the f The state of with the hours after death Pages 1, 2, and 3 is 13. Page 5 may t ages 1 and 2 with ithin 7€ hours ali rificate should be executed within 24 hours "pending" in pencil in Item 18. Give Pages 'xaminer's Office along with form PM3. Pagused as a burial-transit permit. File pages 1 ion, or removal, and in any errent within 7 he word "pending Aedical Examiner's ficate, writing the word " to the Chief Medical Ex. TOR: Page 3 should be u prior to burial, crematio EXAMINER: forwarded h L DIRECTO lease execute...
I should be for provided by FUNERAL I 40 9 0 H VS. A15ME

5M 7/59

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE - Where decresed lived, I not been kind e. COUNTY b. COUNTY MARYLAND 12 41 b CITY OR TOWN If all decorporal imits c. LENGTH OF STAY IN 16 c. CiTY OR TOWN I duty de curprirete limits, was a RURAL libig. win RURAL and give nearest town) 7851 . 78 12 Carter 625 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE IN A VA Nº BE 3 NAME OF Middle & DATE Mozeth DECEASED 'Typ Count DEATH 1961 6. COLOR OR RACE 7. MARRIED [] NEVER MARRIED [] 8. DATE OF BOTH 5 (EX 9 AGE THE NOTE ! ALL last birhday LALL I WIDOWED DIVORCED I Ica USULC JPATION ive kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steller o foreign 12 COURSE WHI I DINTRY? don during most of wirking life aven if relised W MC. 13 FATHER > NAME MOTHER'S MAIDEN NAME 15 WAS DELEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL TO THE TERMINAL DISEASE CONDITIONS GIVEN IN TART WALL THE TERMINAL DISEASE CONDITIONS GIVEN IN THE TERMINAL DISEASE CONDITIONS GIVEN GIVEN DISEASE CONDITIONS GIVEN GIVEN DISEASE CONDITIONS GIVE PERFORMED? 8 YES NO I 20b. DESCRIBE HOW INJURY OCCURED. En innature of injury in Part Lor Part Lof Hem 18 1 200 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH TTE 3-716 2Dd INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 20f. (City or town) fectory, street, office bldg., etc.) Not White The fectory, street While at work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 🔀 Inquiry X Natural causes V. Suicide Undetermined manner learn resulted from Accident Homicide | CHIEF MEDICAL EXAMINER I ACTUAL. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME Type Address (Street city town, or county. 446 BURIAL FR. MAT THE 226. DATE THEREOF 22r. NAME OF CEMETERY OR CREMATORY I 728 LO ATION (City It we BIC LLOC 23 FUNERAL DIRECTOR 246 REC'D BY REGISTRAR | 246 REGISTRAR'S SUNSTURE

LAND STATE DEPARTMENT OF HEALTH

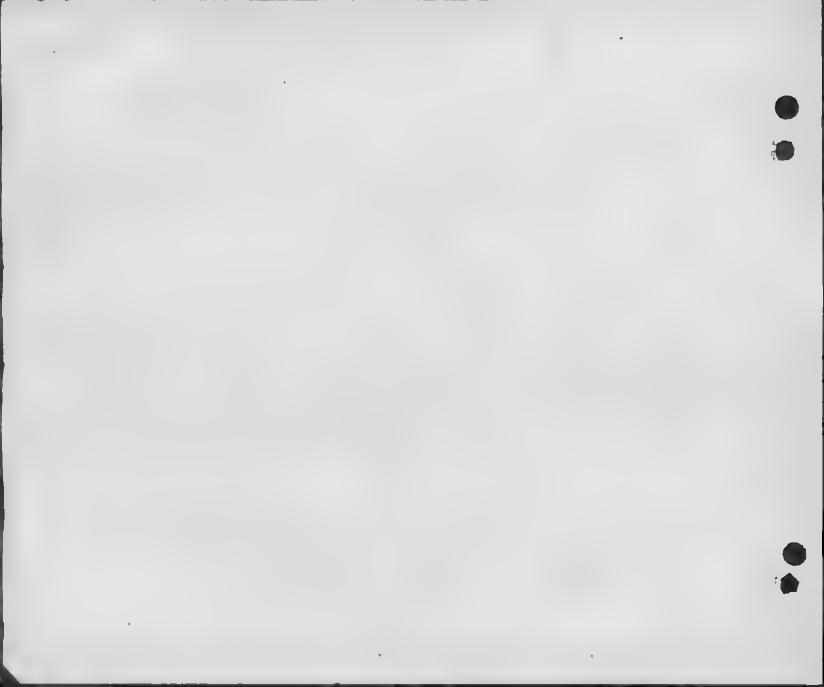


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FUNERAL rector, page

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VR A15 (4) 15M 9/60 RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1 Buck Mary

5287	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY / SI) L + 1 MICES & MARYLAND	STATE 12 LA COUNTY BRITE
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY If autoide corporate timils, write RURAL and give necrest town) OR
1/1/2 1/2 1/2 1/2	TOWN // LYCA, U
HOSPITAL OR HISTITUTION OR STREET ADDRESS AT SCENE	STREET ADDRESS ((If roral give location)
3. NAME OF DECEASED (Type or Print) (Frai) (Middle)	(Lest) 4. DATE (Month, (Dey' (Yeer' DEATH, 2) 2) 24
7. SEX 6 COLOR OR 7 SINGLE, MARRIED, B. DATE OF WIDOWED, BIVORCED/ 1 / 1/2	
done offing most of working the, even if OR INDUSTRY	11 BIRTHPLACE (Siete or foreign country) 12. CITZEN OF WHAT COUNTRY?
13 FATHER'S NAME	HARA BURGELL P. X 114, M.
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURTY NO	TO INFORMANT & ADDRESS
(Yes, ne, or unk.) (If Yes, give wer or detes of service)	VELTB) meg. 9 Ensuch F
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
ACUTE CARDIA	
IMMEDIATE CAUSE (A)	9 ///
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)	ARDKURSCHLAR DISEASE 6 YKS
IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20 AUTOPSY?
	YES NO
21a ACCIDENT WAS UNDERLYING 21b PLACE Home, (etm., fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER,	1c. WHERE DID INJURY OCCUR? (City or fown) (County) (State,
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Wile et work et work	RIF. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from SEPT	1959, to MAY 196!, that I last saw the deceased
alive on . APR 30 1961, and that death occurred at	M, from the causes and on the date stated above
and the second second	ADDRESS Street, city, town, state) DATE SIGNED SOLVEN MA 5-24-61
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR OF CEMETER	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE MAY 2 5 '61 DATE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND LUIA KILLED AND IN THE STATE OF THE ST
44. (4) 6667	Walter Walter and Control of the Con

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. And fills certificate has been executed by the attending physician and completely filled in by the funeral director the third copy of this death certificate assembly should be detached for use as a burial francil permit.

CIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHY

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rs after death



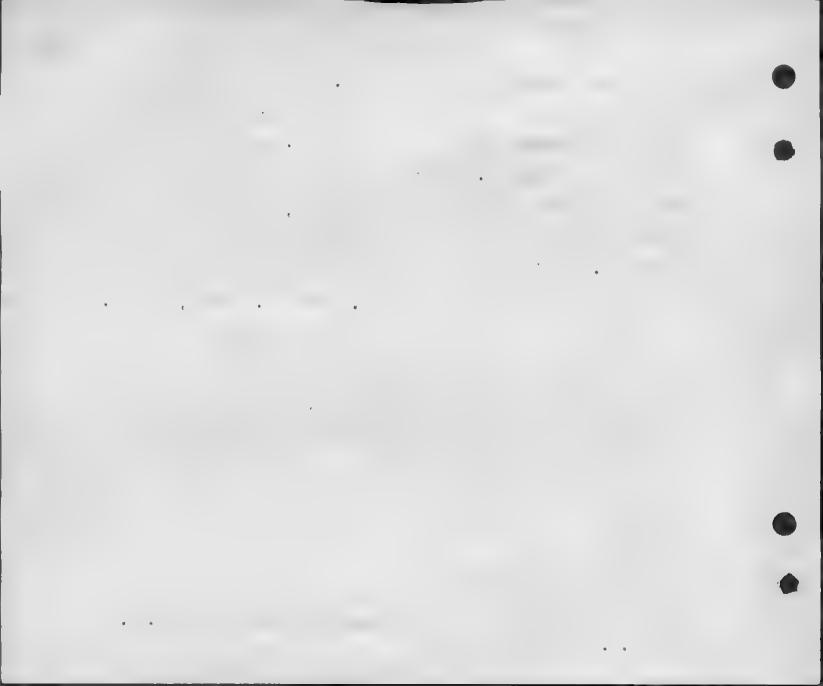
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Who a decresed I vad. Por Com. A. a COUNTY a. STATE b. COUNTY Raltimor e MARYLAND b TITY OR TOWN I halso a compare. I milk e. CITY OR TOWN II bullide corporate limits with RURA. 10 1 write RURAL and give neerest town) Koners hai hus, a ar/Land C tonsville d NAME OF HOWESTAL RENSTIT TON THE INd STREET AGORES ON A FARM? HOUP IT AL STATE GRO E 5309 Gallatin Str 4. DATE 3 NAME OF Middla Month DECEASED (Type or print) Frank Marsico DEATH A SELOR OR RASE 2. MARR ED DE NEVER MARRIED [1 8 DATE CE BRTH · NORTH 9 A 18 1 5 ast by WIDO WED male DIVORCED , 11 March 21, 1678 IC ALD UPATION TO KIND OF WIR 106 KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE STATE IN TOP OF dir dere gir diof working ble, iv niff refit di furn ce man pages 1 within ATHER'S NAME 14. MOTHER'S MAIDEN NAME unkmown 15 WAS THE EVEL IN L.S ARMED FORCES 16 SOCIAL SECURITY NO 17 INFORMANT 1 dd - 48 (Yes, no, or unkown) (Ifyasgivawarordalasofservica), Records: 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (a), stating the undarlying fell log tracti a applied 4-7-61 while jetting out of bed sustaining a consumula interrochanter-CA COSTA TIME irac, of the right forur. 20 H. IN. SY . URREL PL CE OF IN MIT TO 200 TMB CE N 21 I certify and I took therge of the romains tescrib above held in Autopsy Acrident 📜 to " resulted from Natural causes Surcide . Homicide Undeterm of manner CHIEF MEDICAL EXAMINER lease execute the should be forwed by FUNERAL DII ACTUAL SIGNATURE EXAMINER'S cor e I. Kieffer. NAME Ty Adding Street, ally, lower is county 240 9 m 13 Kaclins (W) 17 VS. A15ME 5M 7/59 Onthey & House

AND STATE DEPARTMENT OF HEALTH



DIVISION OF FIANSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH inneral 2. USUAL RESIDENCE Where a made first at. R. n. a I. PLACE OF DEATH e. COUNTY Md. STATE **b.** COUNTY Baltimore MARYLAND b CITY OR TOWN of all de corpo ete l'mits c. CITY OR TOWN (If outside corpore a Limits, who RURAL a la living it c LENGTH OF STAY N 16 Catons ville Pages 1 Catomsville d. NAME OF HOSPITAL OR INSTITUTION I more in Fospi el mive sa el eddress d STREET ADDRESS S RESILENCE ON A FARM? House in the sections. ACRES LERG YES , NO 3 NAME OF DECEASED OF William B. Martin (Type or print DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF INDER LYE R IF 1000 4 HRS 8. DATE OF BIRTH last birthday) Marks Ders Male Apr 11 2,1884 12 TEEN COWEAT OUNTRY? Θ 100, USUAL OF CUPATION IG WE kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired) Baltimere. Md USA please of 13 FATHER S NAME 14 MOTHER S.M. DEN NAME Bertha Mann Benjamin F. Martin 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SO IAL SECURITY NO. 17 INFORMANT t aften Then Address (Yes, no, or unkown) ! (Ifyes give wer or dates of service) 03 8540 Mrs. Louise A. Martin, 1184 St. Agnes Land 18. CAUSE OF DEATH [Enter only one couse per line for (e) (b) and (c).] INTERVAL BETWEEN IN EJ AG 1 TH PART I, DEATH WAS CAUSED BY: house IMMEDIATE "ALSE & 2.1 DUE TO Cutus Salesone geve rise to immediate cause DUE TO (e), stelling the underlying a 축료 PART I OTHER SIGN F ANT CONDITIONS TO. THE AND PIDEATH BUTING TIPELATED TO TO TERMINAL FUSA ONE TIPE JAN N 本人 15 MACAL TOPSY ital Cal % <u>0</u> YSICI hospit certific 20b. DESCRIBE HOW NUTRY O CUPED, unter rolute of irrary - Port in Part II of item 19 ACCIDENT WAY NOTHER YES OR LINTE STITUL CAUSE OF DEATH 20d. INJURY O. CURRED LAS PLACE OF INJURY (Home form 20) Cly or new 20c. TIME OF INJURY Month, Day, Ye / fectory, street, office bldg , etc.) While __Not While House a m et work et work p.m. 19 4 that (1) (we) last 21 I certify that (I) (this hospital) attented the deceased from lo .19 . and that death occured at 2 saw the deceased alive on M, from the cause, and on the date stated above 22a. SIGNATURE ATTENDING X MED STAFF SIGNED DIRECTOR | PHYS FUNERAL Pector, page 3 22d ADDRESS 22c PHYS CAN 5 NAME (Type) 4603 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION City town or courty 230. BUR AL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) \$ o = 1 Good Shepherd Cemetery Howard Co.Md. **[**⊢€ 25% REC D BY REGISTRAR 25% REGISTRAR S S GNATURE FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Edmondson Ave 4101 DATEMAY 2 2 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



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filed with

TO HOSPIT OR ATTENIE WG PHYSICIAN: The law requires that the death certificate be executed within 24 hoses defended by the pital ar attenting physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filled it, by the funeral page 3 shalld be detached for use as the burial-transit permit. Then please remains against a pages 1 and 2 shalld be five State Board of theath prior Ia bur all cremation ar remainly, and n any event, within 72 hours often death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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		CERTIFICATE OF DEATH
1	0	LACE OF DEATH STEET STEEDS TELL 1 2 USUAL RESIDENCE (Where deceased I ved I if institution Residence between admission) 3 ONLY 1 PELLIN BOOK OF THE STEED OF TH
	b	CITY OR TOWN (Flautside corporate limits write RURAL and give nearest town) CUTY OR TOWN (Flautside corporate limits write RURAL and give nearest town) CUTY OR TOWN (Flautside corporate limits write RURAL and give nearest town)
		NAME OF HOSPITAL (If not in hospital give street address). OR INSTITUTION ON A FARMY YES NO 12 NO 15
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		1B CAUSE OF DEATH [Enter only one cause per one for (a), (b) and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH [Enter only one cause per one for (a), (b) and (c)]
		Conditions, if any which gave rise to immediate cause (a), stating the under- lying cause last. DUE TO DUE TO (b) Interesting a further tax to the condition of the conditio
	CATION	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0 19 WAS AUTOPSY PERFORMED? L. FD A YES IN NO []
	CERTIF	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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		21 I certify that () (this hasp to) attended the deceased from. 3/19 196/, to 5/26, 196/, that (I) (we) los saw the deceased alive on 25, 196/, and that death occurred at 3/8/M from the causes and on the date stated above 220 SIGNATURE ATTENDING W MED DRECTOR PHYS 1/21/9 21 196/ SIGNE
		22c PHYSICIAN'S George @ M. Wairy MD 22d ADDRESS NAME (Type) George @ M. Wairy MD 23c Mair St., his ste. town Mid
	730	FUR A REMATION 236 DATE THEREOF 23 FNAME OF CEMETERY OR GREMATORY (Lig SCATION (City lown, or, country) State)
	X	UNERAL DIRECTOR'S SIGNATURE ADDRESS A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND REGORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE Whare dec asad lived if not ruling Res included in a COUNTY 6. COUNTY Baltimore MARYLAND b. CITY OR TOWN air outside corporate limits. C. LENGTH OF STAY N Ib c. CITY OR TOWN (If outside corp. at 1 mils, write RURAL and s. . . . write RURAL and give nearest town 19 Days Fort Howard Baltimore d NAME OF HOSPITAL OR INSTITUTION if not in hospital give street address M STREET ADDRESS RESIDENCI ON A FARM? 100 Newberg Avenue YES IND TO Veterans Administration Hospital 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH FERDINAND 6 COLOR OR RACE 7. MARRIED IX NEVER MARRIED TO 1 TATE OF BRTH 9 AGE IN Years IF UNDER I YEAR IF UNDER 2 - HRS last birthday) Months Chys Male WIDOWED DIVORCED [T] January 11, 1892 10a. USUAL OCCUPATION Give aind of wirk 106 KIND OF BUSINESS OR INDUSTRY 11 FIRE 11 TO GO MY & are 12 an Unit 12 MIZEN OF WHAT LOUNTRY? dona during most of working It even it retired Electrical Contractor Hancock, Maryland Electrician 13. FATHER'S NAME , 14. MOTHER'S MAIDEN NAME John McAvov Theresa Harvey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (If yes giva war ordatas of service) Yes WI-1 216-05-4911 Clin Rec VAH Baltimore Md - Ft Howard Division
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA I DAY DUE TO CORONARY INSUFFICIENCY Conditors, fary which gava rise to immadiata causa DUE TO (a), stating the underlying PART IF OTHER SIGNIFICANT CONDITIONS "ONTR". THIS TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART - 19 WAL AUTOPSY Encephalomalacia: Hypopituitarism, post operative; Chronic Cholecystitis with Cholelithiasis

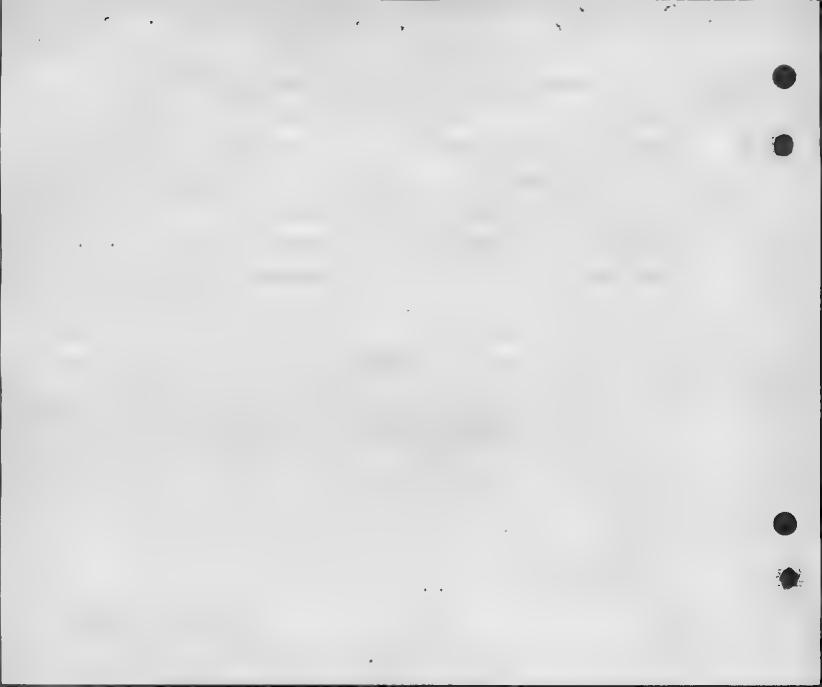
2Da ACC DENT WAS UNDERLING 2Db. DESCRIBE HOW INJURY OF CURED Enternature of Injury in Part for Part of P PERFORMED ! YES X NO 2Db. DESCRIBE HOW INJURY ON CURED. Enter nature of injury in Part Lot Part I of itam 12 20c. TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20 PLACE OF INJURY Home farm 20th City or fown) factory, street, office bldg., etc.) Whila __ Not While. at work at work 21 I certify that N (this hospital) attended the deceased from April 16, 1961, to May 5, 1961, that N) (we) last saw the deceased alive on May 5, 1961, and that death occurred at 5pM, from the causes and on the date stated above. 226. DATE 22a, SIGNATURE ATTENDING SIGNED LO MAND PHYS DIRECTOR 22c. PHYSICIAN'S NAME (Typ Cillo, VAH Baltimore Md - Ft howard Division 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City town or county 23a, BURIAL, CREMATION 236 DATE THEREOF REMOVAL Specify) Baltimore National Rurial Baltimore Mary land TUNERAL DIRECTOR'S SIGNATURE 301 Frederick Avenue 256 RECAD BY REGISTRAR 256 REGISTRAR PROPHATURE DATE Maclabb Funeral Horie Baltimore 28. Md.

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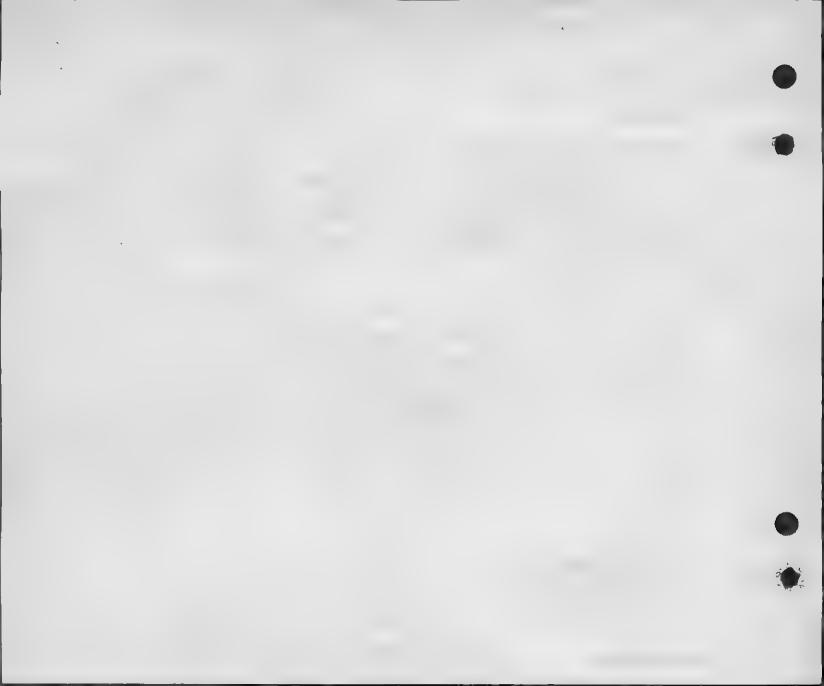
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		TMENT OF HEALTH-BALTIMORE, 18
	CERTIF	ICATE OF DEATH Reg. Dist. No. UESSA
	F DEATH	2 USUAL RESIDENCE (Where deceased lived. f institution Residence before admission) o. SIALLyland b COUNTBaltimore Co.
	OR TOWN (If outside corporate limits, write Land give nearest town) Mark & C. LENGTH OF STAY IN	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
	E OF HOSP TAL IIF not in hospital, give street address)	91 Willow Spring Rd. e. 15 RES DENCE ON A FARM? YES \(\) NO P
F	First Middle Print) DE//A	Lost , 4. DATE Month Day Year OF DEATH 196
	6. COLOR OR RACE 7. MARRIED T NEVER MARRIED WIDOWED DIVORCED	Gas pirindoy) Months Days Hours Min
	OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR mast of working life, even if retired)	Temessee 11. B RTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	W.C. Yost	14. MOTHER'S MAIDEN NAME
Ì	CEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Valter W. McCue, 307 Orlando Ave., Gloucester,
	AUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGEST	UC TO THE TOTAL DESTROY ONSET AND DEATH
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	rise to immediate (a), stating the <u>under-</u> couse lost. C)	
		H BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	CC DENT WAS UNDERLY NG D NTRIBUTING CAUSE OF DEATH 1ER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Port I or Port II of item 18)
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	certify that I attended the deceased from	
	On 35/4- and that of	death occurred atf_2_2_M, from the causes and on the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED M.D.
	CIAN'S (Type) /	
A. C.	L, CREMATION, 226. DATE THEREOF 226 NAME OF CEMET WAL (Specify) 25-31-61 Bol Air M	ERY OR CREMATORY 22d LOCATION (City town, or county) (Stote)
	AL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
l k	ich Funerel Home Dundalk, Mu.	The second secon





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PHYSICI of after his certifuse as use as emation,	20c. TME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Nat white of work of									
pilo er 1 hed far riol, cr	21. 1 certify that I attended the deceased from Sefection, 1960, to Way, 1961, that I last saw the deceased alive an 14 MAY, 1961, and that death accurred at S. A. M. from the causes and an the date stated above									
ATTEN by the CTOR: CTOR: e detact in to but	ACTUAL ACTUAL (Street, city or town, stole) DATE SIGNED									
AL DIR hauld b rar prio	PHYSICIAN'S WALTER T. KEES Marghen -									
HOSPIT noy be r FUNER, age 3 sh	270 BURIAL, CREMATION 276 DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LOCATION (C by town, or county) (State)									
DE OF SECTION OF SECTI	Burial May 18,1961 Poplar Grove Cemetery Cockeysville, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE									
VS A15 (4) 15M 10/57	John Burns' Sons, Towson, Maryland									



CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5295 2. USUAL RESIDENCE (Where decasted lived, if institution Residence before admission) 1. PLACE OF DEATH a. COUNTY Baltimor e death. If arm ty is nece and 3 to the funeral director. Page may be retained for your files. with the State Board of Hegith. Mary Land b. COUNTY MARYLAND E SITY OR TOWN of Juleida cored his firm to e. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL write RURAL and give nearest town) Baltimore Catmsville days d NAME OF HOSE TAL OR INSTITUTION I not in hospital give street address d STREET ACDRESS B Dr ON A FARM? 5021 Will aton ot. He - ITAL 3. NAME OF Middle Last 4 DATE DECEASED OF THE WINTH DEATH Kaloh McKeldin 19 01 G-ECREP. be executed within 24 hours after death. If encil in Item 18. Give Pages 1, 2, and 3 to 1 a along with form PM3. Page 5 may be a litrans 1 permit. File pages 1 and 2 with the ly and in any event within 72 hours after 5 COLOR OR RACE 7, MARRIED THE NEVER MARRIED B. DATE OF BRIH 5 SFX 19. AGE r . 0 + IF INL. 2 1 75 yrs ma le WIDOWED [w hita DIVORCED PATION . S . kens of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE, Sing or foreign a unity done during most of working life, even if ratirad) crew dispatcher Har land 1 FATHER'S NAME 14. MOTHER'S MAIDEN NAME hould be executed within " in pencil in Item 18. Gi
Office along with form I burial-trans! permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 765-69-297)
unk nown Records: SPRI G GROVE STAE HUS, AL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVA, BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) s certificate should be ord "pending" in pend if Examiner's Office a be used as a burial-ir mation, or removal, a Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying PART IN OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BY TWO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118) 17. WAS AUTOPSY meate, writing the word "p of to the Chief Medical Exa TOR: Page 3 should be us prior to burial, crematro YAS NO X PRIMARY - COURS IN DES TRIBE HOW INJURY OF CURED Her ter in force of injury in Part 1 is Position on the at 8: 7 p. m. on 5-22-61 patient was struch inth eft eye by another patint CAUSE OF DEATH. the ward causing discoloration of the left factory, street, office bldg., atc.) While Not While Hour KH Catchwille at work X at work hos i tal ease execute the certificate, should be forwarded to the PUNERAL DIRECTOR. 21 I certify that I took charge of the remains described above, held an Autopsy Insulation (M) a, mean Accident Homicide death resulted from. Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) INAME (1998) (COTE C ... 1216

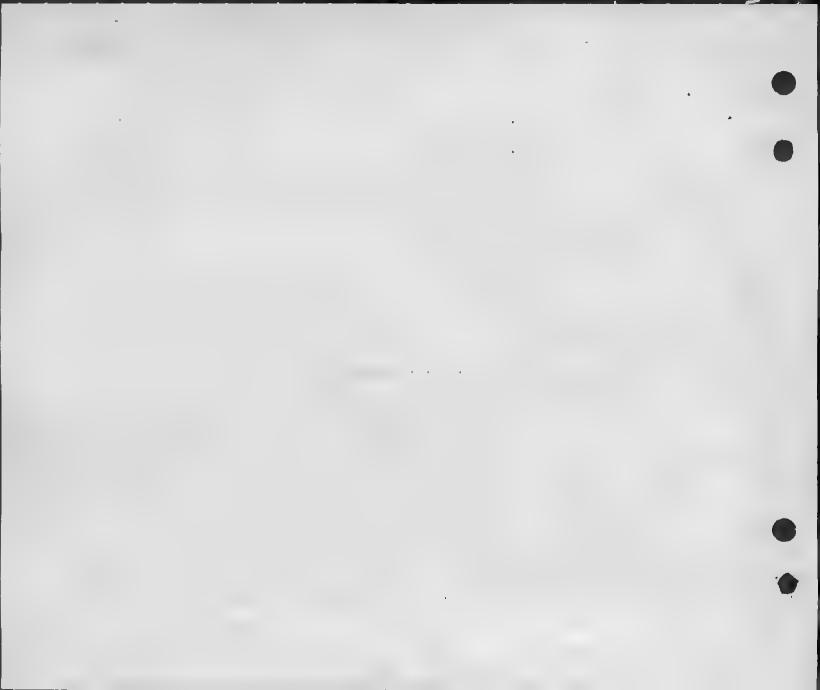
128 BURAL, CREMATION, 1226. DATE HEREOF Address (Street, city, town, or county) 22c NAME OF CEMETERY OR CREMATORY 7 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) A E40 9 FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS A15ME 5M 7/59 DATE MAY 25 '61 | arthur & Kenya



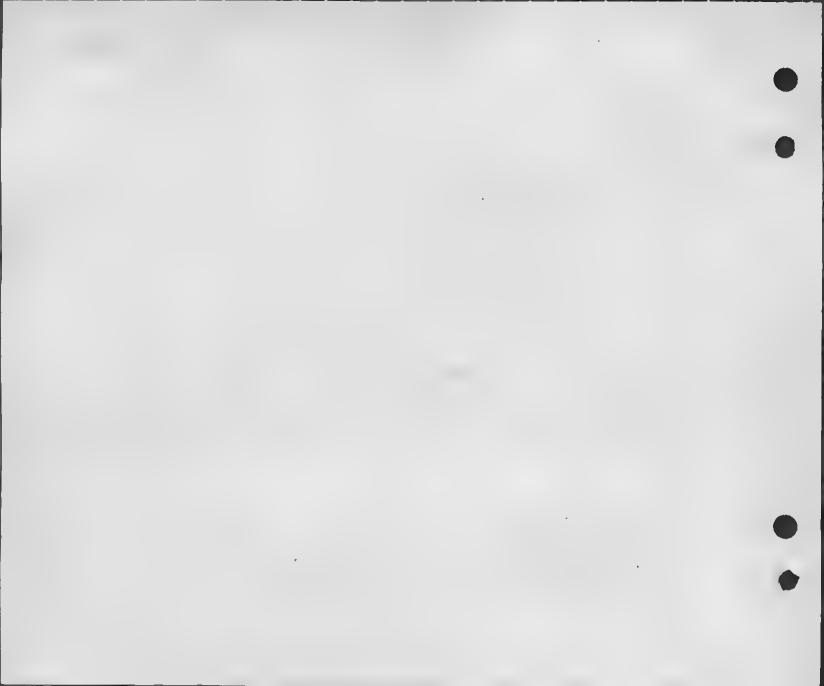
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND ittem / flim Geo/ 2. USUAL RESIDENCE Where do ead I ved It as the or Rose 1 PLACE OF DEATH a. COUNTY a. STATE **6. COUNTY** Palititore MARYLAND b. CITY OR TOWN of actuals composite simils. c. LENGTH OF STAY IN 16 e CITY OR TOWN if called corporate imits with RURA, and a write RURAL and give neerest town) directo Palitimore-22. Partir. marrows Foint, .d. d. NAME OF HE SITAL OR INSTITUTION I not in hossital in ve street address Boom d STREET ADDRE S RECEDENCE. ON A FARM? be retained in the State B Bethlehem Steel Co. Disnensary Relclare Eoad 3 NAME OF Last a DATE death If er nd 3 to the f DECEASED OF Type pre ..cKenzie efter Clyde DEATH ges 1, 2, and 3 to Page 5 may be as 1 end 2 with 1 in 72 brow effer 6 DLOR OR RACE 7. MARRIED | NEVER ARRIED A TOTAL YES STANDERS IN A UNIX HE E DATE OF BRITE 60 vis North Lor WIDOWED , VORCED, The STORY OF WIND A WORK 106. KIND C & BUSINESS OR INDUSTRY 11. BIRTHPLACE Sieth or fare graduality. 12 C. A. N. SMAT " JNTRYS doe duing mis of working like, wen if refred, 18, Give Pages 1 h form PM3, Pag Maryland Shipbuilding within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alden F McKenzie Mar Ravenshoft File 1" WAS DE EASED EVER IN U.T. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT any eve (Yes, no, or unkown) (Hyesgivewerordetesofservice): d "pending" in penc i in Item 18.

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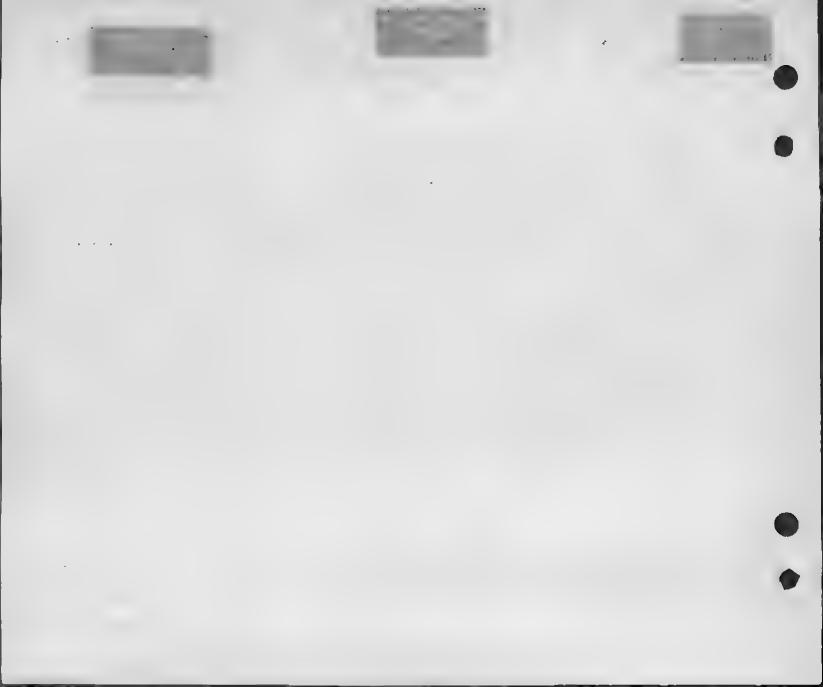
at on, or removal, and in any er Kermit Berg 4714 Meise Drive 1 18. CAUSE OF DEATH [Enter only one cause per line for ,e (b), and (c ." SET & A TACEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occiusion 15 min. IMMEDIATE CAUSE IS DUE TO A.S.C.V. Disease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying EXAMINER: This continued to the word "pendig to the Chief Medicel Examined TOR: Page 3 should be used estimated to burial cremation, or PART BEFORE LANT CONDITIONS ONLY LINC TO LEATH BUT NOT RELATED TO THE TERMINAL TIES A FOR TONG CONDITIONS ON THE TANK Fer JAME NU 10 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPED Inner nature of injury in Part Lot Pert to 1 mil. NONE 20d INJURY OCCURRED 2 . PLACE OF IN 1-RY (Hoor) form, 20f. (City or low) fectory, stree , office bidg , state Wh Not Walls et work [] it work [NONE 21 I certify that I took charge of the remains described above, held on Autopsy Inroection V Inquiry K Natural causes X death resulted from Accide II Suicide Homicide [I'm Jetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MED CAL EXAMINER I ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 5/4/61 6800 Mornington Road Melvin B. Davis, M.D. Address Stroet c'ty town or counts.
ON AZB DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (19), town, or country) 228 BURIAL, CREMINTION AZE DATE THEREOF removal is, so ty, 240 g May 6/61 Dawson Cem Dawson Maryland 246, REC STRAR'S SIGNATURE per. 23. FUNFRAL DIRECTOR VS. A15ME Ullrich Funeral Home 4210 Belair Road DATE MAY 8 5M 7/59 Clarking S. Krack



4	MARYLAND STATE DEPARTMENT OF HEALTH							
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND						
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74 H 8 c	22c. PHYSICIAN'S 22d. ADDRESS	3/576/-						
W. P. B.	PAME 1700 - JOha M. Shall Blo MAG. BSUS EDINEN BILL A	18 MAW 28 112						
OSE TONE	238 BURIAL, CREMATION 236. DATE THEREOF 238 NAME OF CEMETERY OR CREMATORY 236. LOCATION (City to	* - * · · · · · · · · · · · · · · · · ·						
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND EXCORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND USUAL RESIDENCE (Where de la A PLACE OF DEATH is new dairector. Provour fles. A LOUNTY S. COURTO A. STATE Bal timore Maryland MARYLAND b LITY OR TOWN I outride corp. In limits, C. LENGTH CART IN 16 e CITY OR TOWN If our da c rp. ata 1 m Is write RURAL . write RURAL and give nearest town) May 16 to Bal timore the function of dir retained for y he State Board d NAME OF H PITAL OR INSTITUTION of no in hes. I got se do se d STREET ADDRESS 24 A PAKK 3 NAME OF Middle 4. DATE Month h. If an DECEASED OF ŧ (Typa or print) DEATH Leland Weber Miles. Sr. 2 with ours afte DLOR OR RACE 7 MARRIED & NEVER MARR ED ! 00 1 st bidhary and 1, 2, and ge 5 ma and 2 v 72 hours DIVOR ED | WIDOWED IT 1 AL . PATION - kind of work Tub KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stat. intoreign contry 12 11 SE A HAT NIRYS Pages I. done during most of working life, even if ratired) Accountant Self' Maryl and 1 7.5.4. pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas I., Miles form 15 WAS DE . - DEVER IN . ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT Addxx permit 1 18 CAUSE OF DEATH IED at only of courses along v transit p angulation by Hanging didden PAPE DEATH WAS CAUSED BY: pencil IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which? Boyn ise to in med 14 Joush DUE TO (a), stating the underlying causa last. nsed AR THER FRANT DND TIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERM NAL DIVEAS! ON IT UN " ! P P * PXI X JAL A 5 40 206 DESCRIBE HOW INJURY OCCURED. En inneture of injury in Part 1 or Part 1 is idea 16. PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20d INJURY OCCURRED 20e, PLACE OF INJURY Hom form 20th (City or lown) 20e TIME OF INJURY Year Day Year factory, street, office bldg., etc.) While Not While the C.R. Pag Hour n.m. kecufe the control to the forwarded to the fERAL DIRECTOR: Pa at work at work 21 I certify that I took charge of the remain- described above, held an Autorsy | 1. In section | Cabiry Suicide C Undefermine manner _Accident Homicide 1 Natural causes CHIEF MEDICAL EXAMINER should be forward PUNERAL DIRI ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (Address (Street, city Town, or county DEP **Gase** ZZE. NAME OF CEMETERY OR CREMATURY 22 BURIAL, LEGMATION & DATE THEREOF 22d LOCALON, ity lown REMOVAL (Specify) 240 g 248 REC D BY REGISTRAR I 246. REG STRAR SE NATURE 23. BUNERAL DIRECTOR VS. A15ME . 5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5299 2. USUAL RESIDENCE (Where deceased I ved, if institution. Residence before admission, a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, Le LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAM. OF HE TIAL OR INSTITUT ON IT not in hospital give sized add ess 5 NAME OF DECEASED OF' Typ v v DEATH age 5 may be 1 and 2 with 1 72 hours afte September8, 1996 3 9/40 Month to Hours 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 7 5 SEX WIDOWED DIVORCED [10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 13. FATHER'S NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) Ify g vgwarordatesofservice) 1 18 CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELIGIOUS OF THE TERMINAL DISEA. CONCINCIONS OF A NIPA. PERFORMED? cremati pino 20b. DESCRIBE HOW INJURY OCCURED , Enter nature of injury in Pert I or Part II of Itam IB.) 2Da. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO to bu 2De, TIME OF INJURY Month, Day, Year | 20d, INJURY OCCURRED | 20c, PLACE OF INJURY (Home, f. rm. 20f (City or lown) (County) factory, street, office bldg., etc. While Not While al work al work Inspection ... 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry A. and in my opinion ylease execute the certific t should be forwarded to FUNERAL DIRECTO it its designated agent, p death resulted from. Natural causes X. Accident . Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER C. E. Topalles M.D. ASSISTANT MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type ddress Street city town or county 228 BUNGE, CREMITION ZZE DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION 'City Town, or country, REMOVAL (Specify) 1961 Greenmount Maysoleum Z40 P Baltimore Md. O 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME HENRY SANDER & SONS.INC. Baltimore Md. 5M 7/59 I DATMAY 4 Centhur & Thrusa

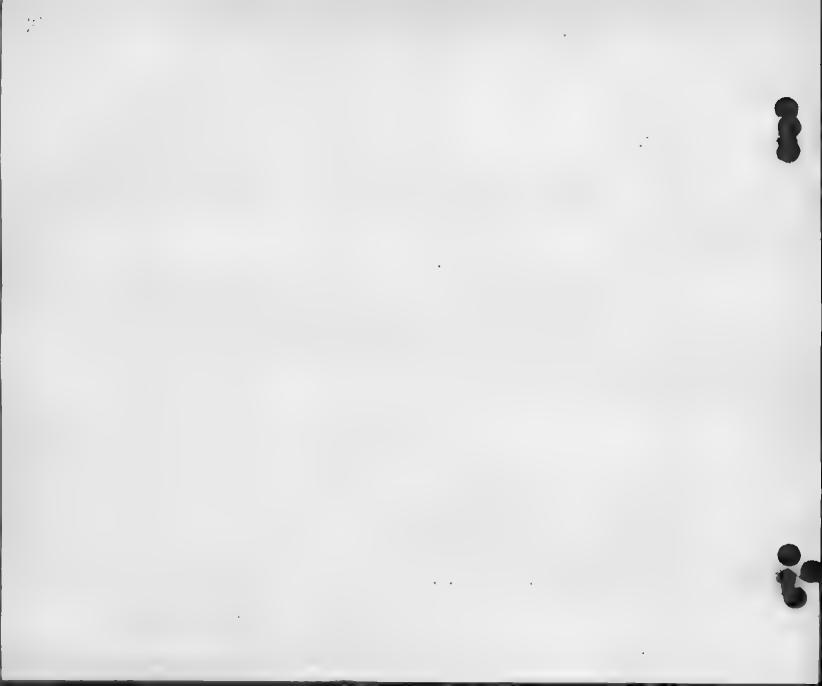


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residen a before admission) · COUNTY 6 COUNTY MARYLAND c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town). b C.TY OR TOWN (If outside corporate I mits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) d NAME OF HOSPITAL (If not in hosp toll give street oddress) d STREET ADDRESS IT RESIDENCE ON & FARM OR INSTITUTION RIVERSIDE ADAD res 🔲 no 🕽 NAME OF Month DECEASED SEDELA Pages (Type or print) 9 AGE (In years IF UNDER I YEAR IF UNDER Hours IF UNDER TYEAR IF UNDER 24 HRS MARR ED NEVER MARRIED D VORCED [7] 100 USUAL OCCUPATION. Give kind of work done 10b. KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Bro MAN gug 13 FATHER'S NAME within IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMAN' Address Wildon State Foord INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY G. RERCULOS IMMED ATE CAUSE to **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTHELATED TO THE TERM NAL DISEASE CONDITION GIVEN. IN PART PERFORMED? NOF TRDIC LASS CLAC 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20s PLACE OF INJURY (Home form | 20f. (City or town) Doy, Your 20d INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) Hour o m While Not while of work of work 10 1944 21 1961 21 I certify that (1) (this hospita) attended the deceased from FEB that (I) (we) last saw the deceased alive on MAY 21 19 6/. and that death accurred at? M, from the/causes and on the date stated above DIRECTOR: 220. S GNATURE 22b DATE SIGNED ATTENDING DIRECTOR . M.D. 22c PHYSICIAN'S 22d, ADDRESS 3 should NAME (Type) FUMERIAL I Sunari ntandent Mt R'lenn State Moerlital 236 DATE THEREOF BURIAL TREMATION 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24 FUNERAL DIRECTOR S/S GNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATEMA





CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved I I institution. Residence before admission) a COUNTY MARYLAND c CITY OR TOWN (flouts de carparale imits write RURA, and give nearest tawn) b CITY OR TOWN (If autside carporate I mits write C LENGTH OF STAY N 16 RURAL and give nearest lown) TONISVILLE d NAME OF HOSP TAL (If not in hosp toll give street address) ON A FARM YES NO NAME OF Middle DECEASED DEATH (Type or print) 9 AGE 'In years 7. MARR ED NEVER MARR ED S SEX 112, CITIZEN OF WHAT COUNTRY? during mast of working its, even if retired) 13. FATHER'S NAME 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Leukemia, myeloid, subacute monts IMMEDIATE CAUSE IO DUE TO Canditions if any which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IC., 19 WAS AUTOPSY PERFORMED? Arteriosclerotic Cardio-vascular Disease YES NO IX 20a ACC DENT WAS UNDERLYING | 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form | 20f (City or town) factory street office bldg etc.) Haur a m While Not while at work at wark 21 I certify that (1) MEXIMOSPOCKS attended the deceased from March 1949 to Lay , 19 61 that (1) (waspast sow the deceased alive on March 27, . 19 61, and that death accurred a 7.330%. Afform the causes and an the date stated above 22d ADDRESS 22c PHYS CIAN' FUNERAL 23c NAME OF CEMETERY OR CREMATORY O



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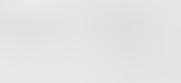
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	21. I certify that I alive on III	de l	126	1, an	11cc	M.D	12004	M, from t	t, city or tawn,	ind on I	lost so the dat	te state	deceosed ad above ATE SIGNED
2.	20. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOI 5,/16/01		22c. NAME	of cemetery o	r Crematory			N (City, town, o		. 1.	(State	e)
23	B. FUNERAL DIRECTOR'S SIG		ong.	ADDRES				BY REGISTRAL			GNATUR	E	

may be the hospital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. VS A15 (4) 15M 9/55







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CERTIFICATE OF DEATH Rea Dist No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY g. STATE **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitside carporate limits, write RURAL and give nearest town) RURAL and give nearest town! LEEDS KURAL d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO! NAME OF M ddle DECEASED (Type or print) DEATH 19 61 FUNDER 1 YEAR IF I NOER 24 HRS 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED 9 AGE (n Months WIDOWED [DIVORCED | papers. 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if reticed) 13. FATHER'S NAME after Ella S. ARMED FORCEST INFORMAN' 218-26-2827 18 CAUSE OF DEATH [Enter only one cause per line far (a), (b) and (c), PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o). DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 19 WAS ALTOPSY PERFORMED YE NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in cry in Part I or Part II of idem 18) MEDICAL 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY Home form | 20f (City or fown) factory, street, office bldg., etc.) Hour o.m. While Not while of work 🔲 of work 2). I certify that I attended the deceased from 196 Cthat I last saw the deceased and that death accurred at_ M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE NAME (Type) 220 BURIAL, CREMATION, 226, DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Baltimore Loudon Park 24b REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR Wm. Cook, Inc., 1217 St. Paul Street

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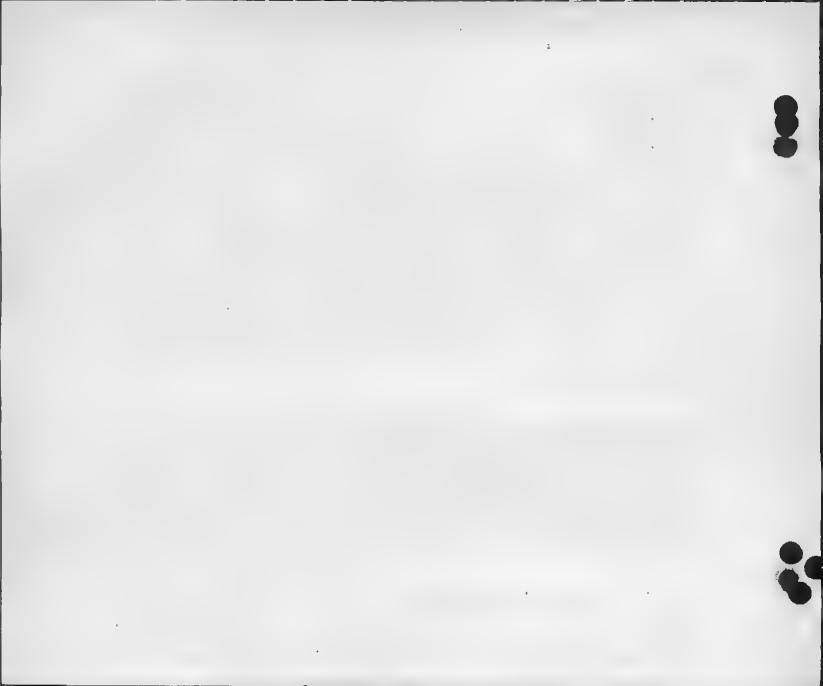
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH d rector I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY a. STATE 6 COUNTY BLOWAR MARYLAND R: Itimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) rhe , e should l d NAME OF HOSPITAL (first in hospital, give street address) OR INSTITUTION ON A FARM? YES NO [NAME OF M'ddle Year DECEASED OF JTEVEN DEATH Poges (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5 SEX DIVORCED [WIDOWED X poper 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ATTENDAN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED MC 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address S. L. yel ilson -----INTERVAL BETWEEN 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) MYOCARDIAL INFARCTION DUE TO Canditions, if ony, which gned íbì gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CERTIFICATION PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IN 19 WAS AUTOPSY PERFORMED? PULMONAR YES NO T 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 200 ACCIDENT WAS UNDERLYING certificole OR CONTR BUTING | CALSE OF DEATH os the (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Country) (State) factory, street, office bldg., etc. Hour a.m. While Not while of work at work 1960, to 5-29 - 196 that (1) (we) last 21 1 certify that (1) (this haspital) attended the deceased from 11-10 1961, and that death accurred at 7.2. M from the causes and an the date stated above saw the deceased alive an DIRECTOR: 220 SIGNATURE SIGNED FUNERAL DIRECTOR 3 Showld be of ATTENDING STAFF 462646.2 DIRECTOR [PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type which when he will a confirm the same of the control of the 23a BUR AL LREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION C ty town or clunty) poge the Sk FEMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor, Md Burial 0 256 REGISTRAR'S SIGNAT RE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC D BY REGISTRAR ADDRESS . Hyattsville Md. '61 | VR A15 (4 15M 9759



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Page director			CACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (When o. STATE Maryla	ere deceased lived. If institution b. COUNTY	n. Residence before odmission) Baltimore
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PHYSIC all ar att his certi use as ematian,		MEDICAL	20c TME OF INJURY Month Day, Year 20d Hour o m p. m 19 of w	f m	ACE OF INJURY (Home, form form, street, office bidg letc.)	20f (City or town)	(County) (\$ta
NDING e haspite : After t ched far unal, cr			21. 1 certify that 1 attended the decedative on	ased from May	7 , 19 61, to occurred at 430 P	May 7, 196/1	hat I last saw the deceas
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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301 W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH tuneral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dec and I ved, it instituted have a both B. COUNTY e. STATE 6 COUNTY Baltimore MARYLAND Baltimore 90 BIG TY OR IN IF Its up ac purer limits & LENGTH OF STAY N 16 c CITY OR TOWN If outside corpo ata imits, write PU AL write RURAL and give nearest town) Ruxton Lutherville 2 yrs. d NA 45 U.F. TAL Ok NST TUT ON it not in hosp air. . "TREET " E S NA. PMT 7830 College Ellenham Manor papers. 3. NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH Marshall Oliver and co WITH 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 78 yrs. WIDOWID DIVORCED T any even 1Do - UUUAL CLULL in Train (Great Kind of Work) IDS. KIND OF BUILDESS OR INDUSTRY done during most of working life, even if retired) Maryland Housewife USA 13 FATELR , NAME ğ d John W. Marshall Dolan Agnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service) Mrs. Benjamin Rutledge Above INTERVAL BETWEEN 18 CAUSE OF DEATH (Interiorly one caust per list for all bliend ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE a DUE TO Canditons, I any, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest PART BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY TIND, RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1 4 19 WAS AUTOPSY PERFORMEDI NO prior 20% A CIDENT WAT UNDER YING OF CONTRIBUTING [] CAUSE OF DEATH 2Db DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Party or Part Lot fem 18 (\$He this IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20s, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Siete) factory, street, office bldg., etc.) While Not While _ el work et work p.m. 1957 to MAY 16 ₹EB. , 1964., that (I) (***) last 21. I certify that (I) (**** Topy ****) attended the deceased from , and that death occured at Sam from the causes and on the date stated above saw the deceased alive on DIREC 22b. DATE ATTENDING SIGNED DIRECTOR | PHY5 FUNERAL I Jirector, page 3 se filed with the PHYS. 22c. PHYSICIAN'S 122d, ADDRESS NAME Type 819 Park Avenue. Carlton L. Sexton. M.D. Baltimore 1. Md. 23d. LOCATION IC by, fown or county 238. BUR AL CREMATION 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ã ở o ở Baltimore Greenmount \vdash **ADDRESS** 1.25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4, H.W.Jenkins & Sons Co. 4905 York Rd. DATE MAY 2 2 '61 15M 9/80 arthur S. Trace



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral should Fi In Would nestidence Whole decessed lived, for astitution Rail co. 1. PLACE OF DEATH Raltimore Pellasvlvania Philadelphia 201 MARYLAND b. CITY OR TOWN (flours de corporale 1 m 's a CITY OR TOWN (It outs de corporate I mils, write RURAL and givand & LENGTH OF STAY N 16 Fort Howard 70 Days Philadelphia Pages . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION, if not in hospites, giv. st.eet eddress d STREET ADDRESS ON A FARM? Veterans Administration Hospital 404 West Norris Street YES NO X papers. completery Yeer 4. DATE Middle DECEASED O'NEILL JOHN DEATH (Typ or print) May 1.0 19 and cor with Ōς 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9 AGE In years IF UNDER 1 YEAR IF UNDER 2 - HRS hat beliday, Munitis Doys Male White January WIDOWED IT DIVORCED [10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B KT PLACE Loanty & Stells of a contract of the contract 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Philadelphia, Pennsylvania U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tom O'Neill Mary Bradley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. INFORMANT Address Yes | Ifyes y vewer or dates of service | WW I Clinical Records, VAH, Baltimore, Maryland Fort Howard Division 18. CAUSE OF DEATH (Enter only one could per line for a INTERVAL BETWEEN attending physician as been signed by t PART I, DEATH WAS CAUSED BY BRONCHOPNEUMONTA RECENT IMMEDIATE CAUSE . ne burial-transit ur.al, cremation, XXXXXXX PULMONARY TUBERCULOSIS, HEALING Conditions, it any, which UNKNOWN gave rise to immediate cause a has s (a), stating the underlying UNKNOWN PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE LOND TION GIVEN IN PART 19 WAS AUTOPSY cert,ficate PERFORMED? Carcinona of trachea · Post-operative, duration unknown YES TO NO 1 2.Arteriosclerosis, marked, generalized

200 ACCIDENT WAS UNDERLYING 1 200 DESCRIBE HOW INJURY OCCURED, Enternelling of hury in Peril of dem 18
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20d INJURY OCCURRED 20 PLACE OF INJURY (Home farm 20f (City or town) 20c TIME OF INJURY Month Day Year DIRECTOR: After 3 should be Arrange 100 and 10 factory, street, office bldg., etc., While Not While at work at work toMay 21. I certify that (4 (this hospital) attended the deceased from March . 19 6 L that (K (we) last 1961 saw the deceased alive on May and that death occured at p M, from the causes and on the date stated above Shoult 220. SIGNATUR ATTENDING DIRECTOR PHYS M D FUNERAL 1 ector, page 3 filed with the 22d ADDRESS VAH, Baltimore 18, Maryland CRAHAN, M.D. FORT HOWARD DIVISION filed v death O FU directe be file 230. SURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify Removal. 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook-Blight, Inc. 6009 Harford Rd., Balto. 14, Md. DAIL 15M 9/60 withing I Thouse

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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission. a COUNTY a. STATE b. COUNBaltimore Baltimore MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dundalk Dundalk vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 85 Kinship Road Kinship Road YES NO DOC 3. NAME OF M ddfe 4. DATE Year DECEASED (Type or print) AUGUST OSTROM DEATH WILLIAM Mav 22nd. 19 6] 6 COLOR OR RACE 7. MARR ED NEVER MARRIED 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HPS B. DATE OF BIRTH Jost birthdoy) Months Hours Aug.12.1887 male white WIDOWED [DIVORCED [yrs 10a. USDAL OCCUPAT ON (Give kind of work done, 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore an country) 12. CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) US.Govt. USA Machinist Massachusetts 13. FATHER'S NAME A MOTHER'S MAIDEN NAME Charlotte Peterson Gustew Ostrom 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT John Ostrom, 3028 Liberty Pkwy., Balto.22 Yes none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stoting the underlying couse lost. CATION THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO T 2011. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) Hour a. Ji. factory, street, office bldg., etc.) While Not white at work p, m, at work 21. I certify that I attended the deceased from 19 i 3, to 194 1, that I last saw the deceased alive on____ and that death occurred at 1/1/1/1M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Gardens of Faith Baltimore Maryland **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22 DATE MAY 2 4 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	Fort Howard 53 days	Baltimore	
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3	Veterans Administration Hospital NAME OF From Middle Middle DECEASED (Type or Prof.)	1453 Hountmor Court	Dey Yes
5.		DATE OF BIRTH '9 AGE (Mycors IF JA	IDER 1 YEAR FUNLER TEHRS.
	12.79	arch 30, 1897 64 Yes.	Ihs Deys Hours Min.
10 d-	**		CIT.ZEN OF WEAT COUNTRY
13	Laborer Brick Yard	Gretna, Virginia 14. MOTHER'S MAIDEN NAME	L.S.A.
	Beverly Parker	Sarah Edwards	
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	Yes WM-1 211 -22-3665 Blv 18. CAUSE OF DEATH [Enter only one couse , for (e), to and to	d. Balto 1., I.d FURT H. WARL	INTERVAL BETWEEN
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MEDICA,	20c TIME OF INIUNY Month Day Year 20: INJURY OC "UR"EN 2.e PLAC Hour a.m. While Not While et work et work	CE OF INTERY I forms form — xCF — city a lown ry, street, office bldg , etc.]	County
	21. I cartify that th (this hospital) attended the deceased from	March 28 1961. 10 May 20	. 1961 that (OK (we) las
	saw the deceased alive on May 20. 19 61 and that	death occured at A M from the causes and	on the date stated above
	22e, SIGNATURE	ODEN OCCUSOR OF THE PARTY OF TH	22b. DATE
		ATTENDING MED. STAFF	SIGNE
	22c PHONE ANS	1 22d ADDRESS	5/41/01
	NAME (T) ARMEN BOGOSIAN, M.D	VAH Fort Howard. Maryland	
23	30, BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY , 23d. LOCATION (City, town or	county) (Stete)
	Burial 5-25-6/ Baltimore Nati	onal Baltimore 250 REC'D BY REGISTRAR [256 REG STR.	Haryland -
-	4 FUNERAL DIRECTOR'S SIGNATURE 180 N. MODDOE	St. MAY 25 161	
1	Arlington S. Phillips Ealthmore 17, 1	St. MAY 25'61	A. Thomas

death that is be retained by the hospital or attending physician and completely the functal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be OH I VR A15 (4) 15M 9/60

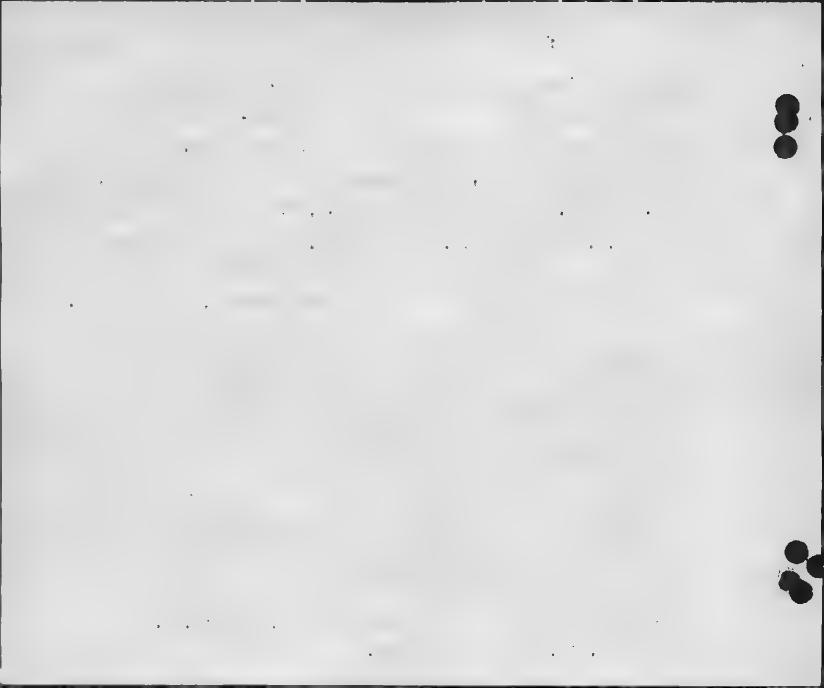


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인원인동 VR A15 (4) 15M 9/60	24 FUNERAL DIRECTOR'S SIGNATURE NOTTEDDRESS PRIME CLUB 250. REC'D BY REGISTRAR 256 REGISTRAR'S STAND JUNE 17 161	GNATURE





MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE / Where decreased lived it institution Resident in the institution of the second a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CIY OR TOWN Toutside corpora Timits, write RUPAL and give cowrite RURAL and give nearest town) Towson 1 month Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, gives str. 1 addr. ss. ON A FARM? Towson Convalescent Home Hopkins Apartments YET NO K 4 DATE 3 NAME OF Month DECEASED Pillsbury [Typ r print] Jane Theresa DESTH May 6 OLOR OR RACE 7, MARR ED [NEVER MARRIED 11] DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 2 HRS. last birthday) "Months, Days June 29, 1870 D VORCED I 105 KIND OF BUSINESS OR NOUSTRY 11 BIRT IPLA E 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION , Give kind of work dona during most of working life, even if retired) PUBLIC U.S.A. School Teacher SCHOOLS. High Seas (U.S. Vessel) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Pillsbury Jane Lamb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgivawarordatesofservice) DR.H.C.PILLSBURY 1800 18. CAUSE OF DEATH [Finter only one cause per line for (a), (b), and (c)] ONSET AND DEATH IMMEDIATE CAUSE Arteriosclerotic Cardiovascular Disease years Conditions, if any, which " geve risa lo immad ata causa. DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1,6, 19 WA AUTOPSY PERFORMED? YES TO NO IC 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b. DESCRIBE HOW INJURY OCCURED. Enter natura of injury in Part 1 or Part 1 of Itam 18 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home farm 20f (City or fown) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) ; Not While While Hour a.m. at work 21. I certify that (I) (thus hespital) attended the deceased from March, 1961, to May 9 ..., 1961, that (I) (90) last .19 61, and that death occured a 2P. M. from the causes and on the date stated above saw the deceased alive on May 22b. DATE 22e SIGNATURE ATTEND NG SIGNED DIRECTOR T PHYS PHYS ALD. 22d ADDRESS 22c PHYS CIAN'S NAME (Type) York Road, Timonium, Maryland William A. Pillsbury 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county, 238 BUR AL, CREMATION | 236. DATE THEREOF REMOVAL (Spacify, - BURTAL 24 FUNERAL DIRECTOR'S S GNATURE 250. REC'D BY REGISTRAR 1256. REGISTRAR'S SIGNATURE SON 805 CALVERT

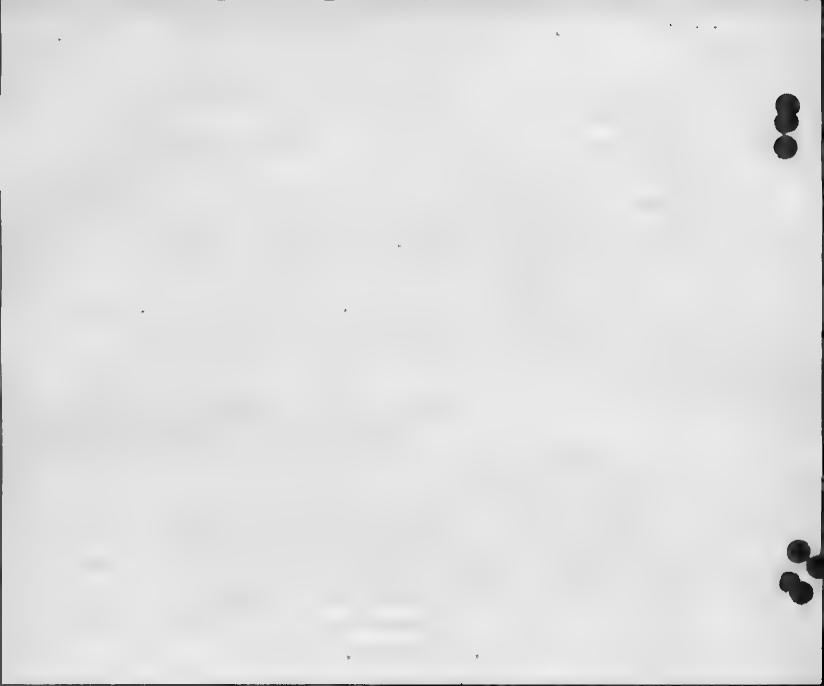
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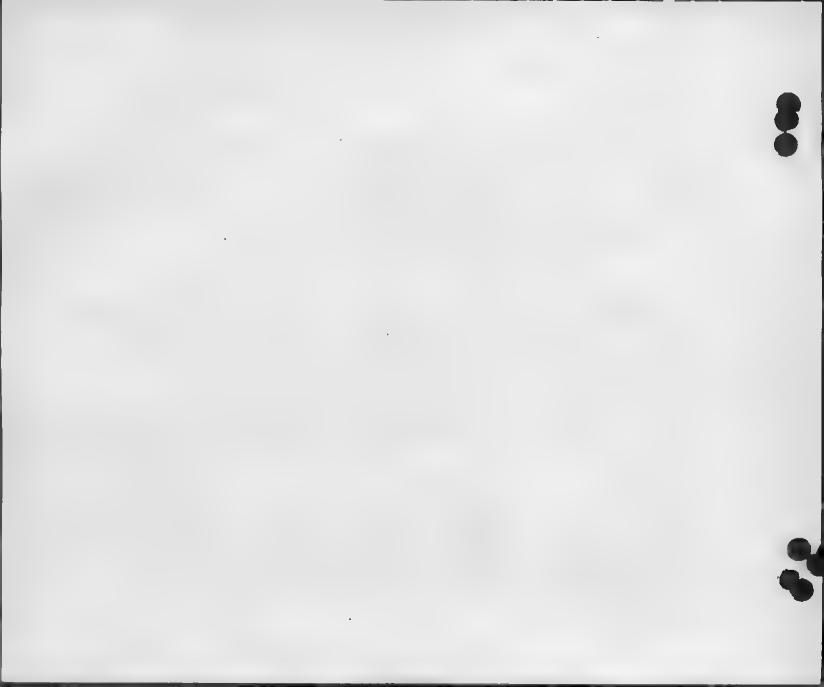


DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission o COUNTY IL COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write I c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give georgst town] LONSVILLE d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM? YES NO S 3 NAME OF Middle Year OF DEATH DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7 MARRIED T NEVER MARRIED AGE (In years lost birthday) Months 12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME 8/5 17 INFORMAN Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) If yes, give war or dates of service 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION WINEN IN PART 1 19 WAS AUTOPSY PERFORMED? YE NO 200 ACCIDENT WAS JNDERLYING IT 20% DESCRIBE HOW NIURY OCCURRED (Enter noture of in ary in Port I or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) foctory, street, affice blda, etc.) Hour om While OH N Not while of work at work p m 2) I certify that (I) (this hosp tal) at/ended/the deceased from. and that death arcurred **D**M, fram the calises and on the date stated above saw the deceased alive on 220 SIGNATURE ATTENDING DIRECTOR . 22c PHYSICIAN S NAME (Type 23c NAME OF CEMETERY OF GREMATORY 23d LOCATION IC ty town 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

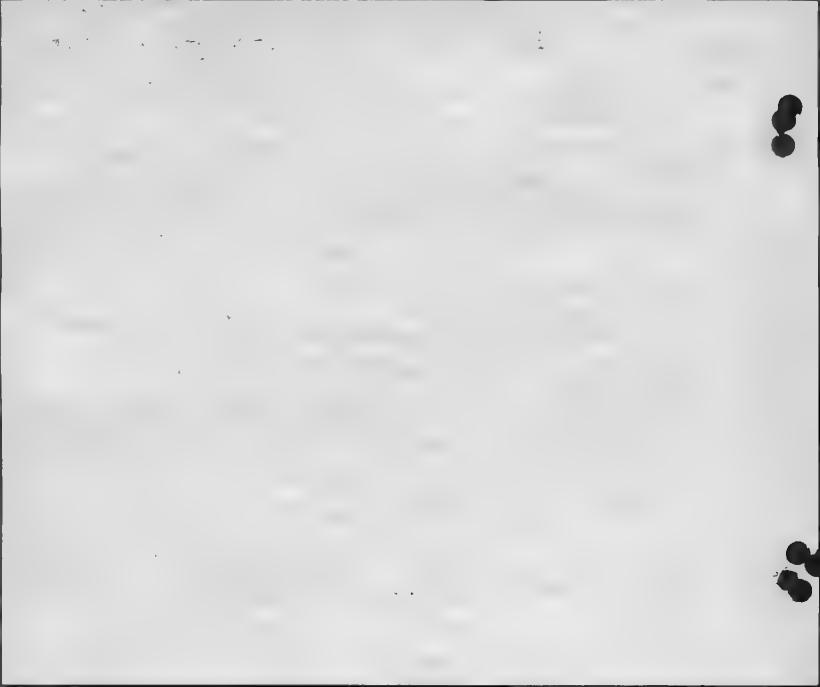
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ICAL EX. certificate, rded to the IECTOR: gent, prior	21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection I Inquiry and in my	opinion.	
Centification of the Country of the	death resulted from: Natural causes X. Acoden . Suicide . Homicide . Undetermined manner	- N - N - O - N	
DIC Vard	CHIEF MEDICAL EXAMINER		
MEDI the the c forwar L DIRI	SIGNATURE ACTUAL S. Tatty MD. ASSISTANT MEDICAL EXAMINER & DATE S	IGNED	
execute the id be forward be forward blassignated by	DEPUTY MEDICAL EXAMINER 5/13/	/61	
DEP Mease execute should be for PUNERAL It is designate	NAME (Type) Charles S. Petty M.D. Address (Street, city, fown or country) 22c, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown or country) (5)		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5319 **CERTIFICATE OF DEATH** Reg. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY a STATE Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporate fimits, writec LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8-months Catonsville Garrison d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR NSTITUTION ON A FAFWE S. Rolling Road YES NO Forleigh Nurseing Home NAME OF Middle 4 DATE DECEASED (Type or print) KNAPP DEATH May-17-1961 PURNELL. KATHARINE B DATE OF BIRTH 9 AGE (In years FUNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARR ED last birthday) Manths Days DIVORCED | 76 yrs Female White WIDOWED 🔣 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO NTRY? during most of working life, even if retired) U.S. Baltimore. Md. none 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George W. Knapp Katharine Boone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address J.H. Purnell Jr. (son) Owings Mills, Balto, Co. Md. no none 18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in vry in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NJURY Month, Day 20e PLACE OF INJURY (Home, form Year 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Not while at work of wark ACTUAL SIGNATURE 1210 untant to acc NAME (Type) 220 BURIAL, CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) REMOVAL (Specify) May-20-61 Druid Ridge Pikesville, Baltimore 8. burial

246 REGISTRAR S SIGNATURE

2 - 4 mg & Thomas

240 REC'D BY REGISTRAR

VS A15 (4)

23 FUNERAL DIRECTOR'S SIGNATURE

Stewart & Mowen Co. 108-W-North-Av., Balto-1.Md



RYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND

7 USUAL RESIDENCE Where deceased by d. f. ist tution Residence and **b.** COUNTY

YE. I NO 61

9 AGE (h years IF . NOER LYE'R IF UNDER 2 HRS. 57 yrs Months Cays

12 CITIZEN OF WHAT COUNTRY? fore on country. U.S.A.

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Clin. Rec. VAH, Balto. Md. Ft. Howard Division INTERVAL E TWEEN

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PART I THEF INTE ANT CONDITIONS ONTRIB PING TO LEFT BE ENOT RELATED TO THE TERMINAL DISEASE "NOTION SIVEN IN PART" 7. W. A IT BY

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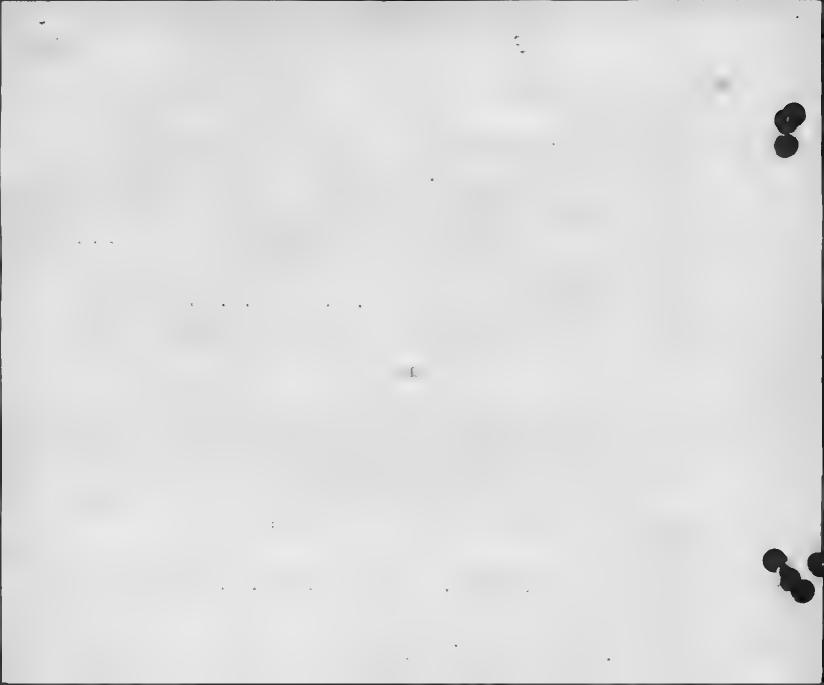
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19 61 that (I) (we) last 1961 to May and that death occured at 4M, from the causes and on the date, ated above

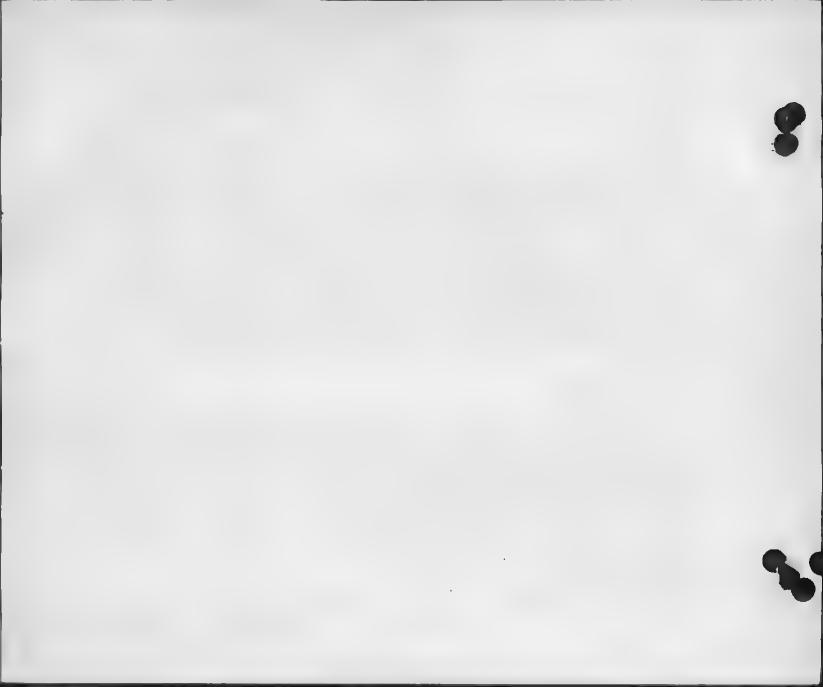
VAH. BALIO. MD. FORT HOWARD DIVISION

Baltimore 17, Maryland

25e REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	_
	5320 CERTIFICATE OF DEATH Reg. Dist. No.	1.2315
8	1 PLACE OF DEATH O COUNTY Bil timo re MARYLAND 2 USUAL RESIDENCE (Where deceased lived if institution Residence before o STATE Maryland Maryland Maryland Maryland	admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give	est town)
	Caton_ville 33yr5mth8dys Hawre deGrace, Paryland d NAME OF HOSPITAL (If not in hospital give street oddress) d STREET ADDRESS	S RECODENCE
1.9	SPRING GROVE STATE HOSPITAL unr nown	ON A FARM?
	3 NAME OF First Middle Lost 4. DATE Month Doy OF DECKASED (Type or print) Joseph Rasetta DEATH Play 1):	Yeo- 19 61
by.	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost buffed by) Morths Days	F UNDER 24 HRS
	male while widowed Divorced Jan. 6, 1888 (3 vs.	Hours Min
**	during most of working life, even if relired) Laborer Italy Italy	WHAT COUNTRY
	13 FATHER'S NAME Pasqual Rasetta Rosalletta	
	Pasqual Rasetta Rosailetta Is was deceased ever in u. s. armed forces? It's social security no 17, informant Address	
1	(1'es no. or unknown) (1' res. gree wor or dolas of terrica) unknown Records: IPRING GR. VE 3T1 L HO 11.	L
	[18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (-)]	YAL BETWEEN
	PARTI DEATH WAS CAUSED 87 Arterio clero tic cardiovas cular disease	T AND DEATH
	DUE TO	
	Conditions, if ony, which (b) Generalized arteriosclerosis	
	couse (o), stoling the under. lying couse lost. (c)	
		WAS AUTOPSY
p.o.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19	PERFORMED?
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	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o m While Not while of work of wo	(5tate)
	21. I certify that I attended the deceased from July 1 , 1954 to Pay 14 , 1961 , that I lost say	v the decease
	olive on way 111 , 19 01 , and that death occurred at 2 4 M, from the causes and on the date	
4 700	ACTUAL SIGNATURE SULLA WOLLD MD SHRING GROVE STATE HES ITAL	5-15-6.
- 1	PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Mary land	
0	TO GIR AL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or confly)	(Stote)
14	23 AUNERAL DIRECTOR'S SIGNATURE ADDRESS JAG REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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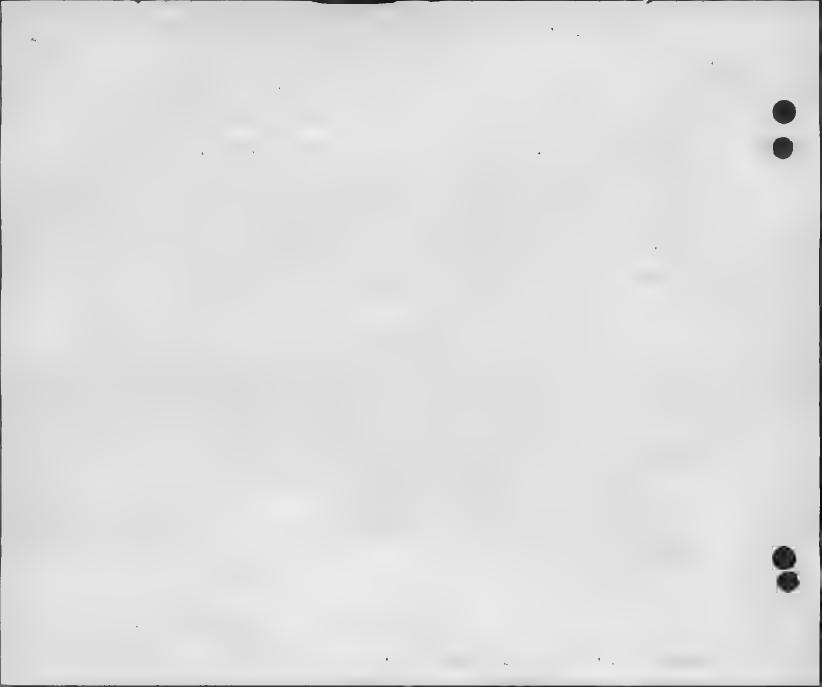
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MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 1.2. USUAL RESIDENCE (When a discussed lived, if a stricture R and light to the contract of th a. COUNTY b. COUNTY y the and 2 death Mia. c. CITY OR TOWN If outside a reparate limits, write RJAAL id ive b. CITY OR TOWN of outside corporate limits write RURAL end give neerest town) Nodgers Jorge d NAME OF HOS TAL CRANTITY TION AS FOR IN YOUR * REVIDENCE ON A FARM? A MALE OF DECEASED TYL am George 9. AGE (In year Ir JNI th 1 Y B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours male 1De UJUAL DOL PATION GIV kind of work done during most of working life, even if retired) phy 13. FATHER S NAME MOTHER'S MAIDEN NAME please 5 ieorae iucker attendi Then ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) (Ifyasgivawarordatasofservice) 1012 I INTERVAL BETWE'N 18 CAUSE OF DEATH [Enter only one couse per ONSET AND DEATH 6 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gaya risa to immediate cause **DUE TO** (a), stating the underlying PART I. OTHER SIGNI CANT CONDITIONS CONTRIBUTING A DEATH BUT NOT WELL THE TERMINAL FOR CONDITION OF VEN IN PART 1(B) 19. WAS AUTOPSY PERFORMED? Use 20a A JENT WAS UNDERLYING ____ 20b DESCRIBE HOW INJURY OCCURED LEnter natus of injury in Port Lor Part II of Itam 18 / (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED . 200- PLACE OF INJURY (Home, farm, 2Df (City or town) "[Courty) 20c TIME OF INJURY Month, Day, Year lactory, street, offica blog , alc.) While Not While at work 19 etai O B 19 4 , that (I) (wo) last 21. I certify that (I) (this hospital) strended the deceased from of to AM, from the causes and on the date stated above , and that death occured at. saw the deceased aliveron -22 TIGNATURE 226 DATE STAFF / S GNED ATTENDING. PHYS DRECTOR PHYS 22d FUNERA rector, page 22c PHYSICIAN'S 123d. LOCATION (City, lown or county 23a, BURIAL, CREMATION | 23b, DATE THEREOF 123c NAME OF CEMETERY OR CREMATORY (Statie) REMOVAL (Specify) \$ 0 F & more, ma ownal \vdash 25a REC'D BY REGISTRAR | 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/68 Leonard J. Kuck 5305 Harford Kd.

AND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH a. COUNTY o. STATE **b. COUNTY** MARYLAND b. CITY OR TOWN III gots de corporate I mils, write RUFAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! lown) 1. 125 T T & .datomaville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? 0. 11a avo D.112 Ave YES NO DE 3. NAME OF 4. DATE Month Day Year DECEASED Ricout DEATH (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 1 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. fast birthday) Months WIDOWED T DIVORCED [10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stategor fore py country) 12 CITIZEN OF WHAT COUNTRY? during most of working (ifn, even if retired) 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. STARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] NITEROA PETANGENI ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse fast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART (0) 19 WAS AUTOPSY ő PERFORME 02 NO. 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTR BUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 20f (City or tawn) (County) factory, street, office bldg., etc.) Haur a.m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 , Inspection 🌠 Inquiry M, and find that death resulted from: Natural causes " Accident . Suicide . Homicide . Undetermined cause 0 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMQVAL (Specify) Md. National Baltimore. 5-15-61 **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246, REG STRAR'S SIGNATURE VS. ATSME(5) Urthur S. Thomas DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved I institution. Residence before admission) **b** COUNTY MARYLAND c. CDY OR TOWN (If outside corporate limits, write RURAL and give nearest townb CITY OR TOWN (If outside corporate I mits, writec. LENGTH OF STAY N 16 A RURAL and give nearest layers 6202442 d NAME OF HOSPITA. (If not in hasp to give street address)
OR INSTITUTION e IS RESIDENCE ON A FARM? YES NO TO DECEASED DEATH (Type or print) 5 SEX 9 AGE (in years 7 MARRIED NEVER MARRIED Months Dovs RMaxer 12 CITIZEN OF WH. TCOUNTRY? 10a LISUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR INDUSTRY dur pil mast of working life even if retired) of the 13 FATHER'S NAME g physici remave (16 SOCIAL SECURITY NO 17 INFORMAN 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH mitastasis to Brain Y'arthy Sland Conditions it only, which gave rise to immediate DUE TO couse (a), stating the under-Tying cause last PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 or 19 WAS AUTOPSY PERFORMEDA tor barelning YE IT NO PA 20a ACCIDENT WAS UNDERLYING | 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form (20f (City or town) 20c TIME OF INJURY Month, Day Year 20d NJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not while at wark at wark 21 | certify that () (this haspital) attended the deceased fram. 5/1, 19, 5/1 19 6/ that (1) (we lost 196/ and that death accurred at 71. M. from the causes and an the date stated above saw the deceased alive an .. 22g SIGNATURE SIGNED M D PHYS DIRECTOR THYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) FUNERAL AND THE A. TREMATION 236 DATE THE REOF 234 MAME OF CEMETERY OF CREMATORY PEMOVAL SPRITY 24 FUNERAL D RECTOR S SIGNATURE 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE L LE was File



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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE Where doc asad lived, if institution R & COUNTY e. STATE 6 COUNTY the and 2 death Bal timore MARYLAND Maryland b, CITY OR TOWN if I do corporate im . c LENGTH OF STAY IN It s CITY OR TOWN . I galsid corporate limit, were RURAL c write RURAL and give neerest town) Fort Howard LL Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION if not in hospital give at seleddress d. STREET ADDRESS a. IS RESIDENCI ON A FARM? Veterans Administration Hospital 1631 Eutaw YES NO. Place papers 3 NAME OF 4 DATE Middle. ast Asonth DECEASED OF DEATH (Type or print) 5 SEX 6 COLOR OF RATE 7. MARRED [NEVER MARRIED AGE IT YEAR IF INDER I YEAR " 8 DATE OF BIRTH TREE A FREZWHRS last 5 rthdey Months DIVORCEDY, March 2, MALE Colored WIDOWED [] 106 US AL OCCUPATION , Give kind of work 105 KIND OF FUNINESS OR INDUSTRY 12 TEEN OF WHAT COUNTRY? done during most of working I fo, even if retind Lancaster Co., Laborer Automobile Dealer Virginia U.S.A. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Then please John R. Rock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Alverta G. Rice Address (Yes, no, or unkown), (Ifyesg vewerordeteso(service) eve Clin Rec VAH Baltimore Md - Ft doward Division g physician signed by the ansit permit. 18 CAUSE OF DEATH (En only one couse per la " ² UNATIVOVIN PART I. DEATH WAS CAUSED BY BRONCHOGENIC CARCINOMA, RIGHT LUNG IMMEDIATE CAUSE has been signed ne burial-transit p urial, cremation, 10-3 UNKNOWN METASTATIC CARCINOMA, CHEST WALL gave rise to immediate couse (a), steting the underlying CHRONIC CHOLECYSTITIS WITH CHOLELITHIASES certificate ha PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAIDED TO THE TERMINAL DISEASE. ONDITION GIVEN IN PART 19. W S AUT DESY PERFORMED? M NO 20 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II of 1 xm 12 After this ce etached for a of Health pr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED : 2De, PLACE OF INJURY (Home, form, 2Df (City or town Month, Day, Year 20c. TIME OF INJURY fectory, street, office bldg , etc.) , While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from March 21, 2:1 151, 10 May. 4,, 19.61, that (# (we) last saw the deceased alive on May 4. 19. 61 and that death occured at DM, from the causes and on the date stated above. 22b. DATE 22a SGNATURE 5/62 ATTENDING STAFF D RECTOR PHY5 A4 D with -22E. PHYSICIAN'S 22d ADDRESS FUNER, ector, pag filed will NAME (Type) BALTO. 18,MD., FORT HOWARD DIVISION THOMAS F. CRAHAN, M.D. 236. BURIAL, CREMATION , 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION City town or country) State REMOVAL (Specify) 0.28 Maryland Baltimore National Cemetery Baltimore Burial ADDRESS 256 REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9,60 180d N. Monroe St. Balto Arlington S. Phillips PMAY 1 0 '61 Chant & round 17, Md.

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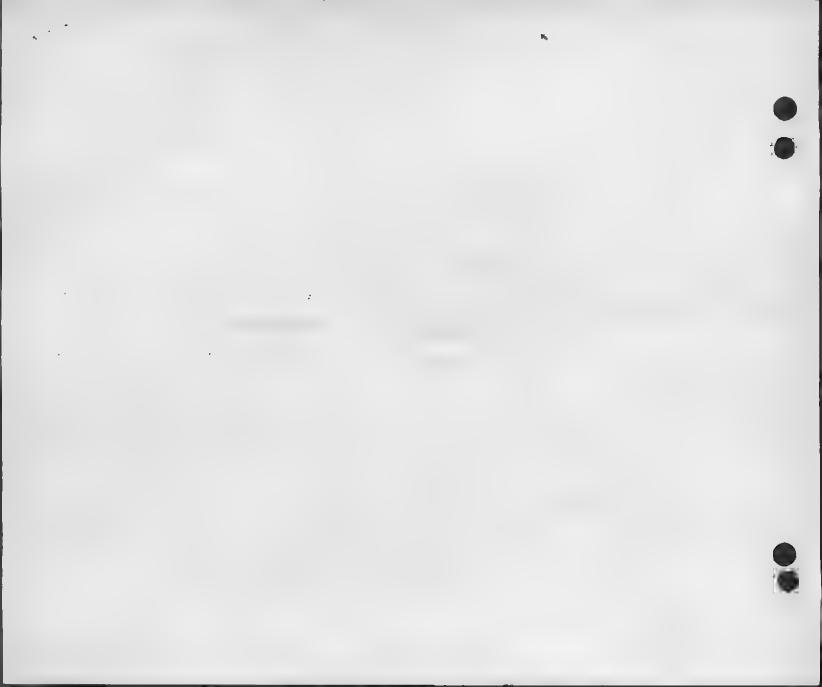
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before odmission) a COUNTY a STATE b COUNTY MARYLAND Led one b. CITY OR TOWN (I outside carparate im ts. write. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate lim'ts, write RURAL and give nearest tawn) RURAL and give nearest tawn) LOWSON d NAME OF MOSP TAL (If not in hospital, a ve street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TH NAME OF 4. DATE M dd e Manth DECEASED 16 10 6 (Type or print) DEATH 19 . 9 AGE (n years FUNDER LYEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARR ED NEVER MARRIED B DATE OF BRTH last birthday) Months Days [" HIT A D VORCED [7] temal. WIDOWED 17 TOO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Nursing betas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OME 4. スロッと Harr INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO Baardman Elizobeth INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Tr 11. SE/TE . 12 Conditions, flany which gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART -- 19 WAS AUTOPSY PERFORMED? 2 1 x 1 C . YES 🗍 NO 🔂 200 ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III of Item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month Day, Year 20e PLACE OF INJURY (Home, farm | 20f. (Cily or tawn) 20d INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work 21. 1 certify that I oftended the deceased from Alixy 12, 1961, to 41 1, 1961, that I lost sow the deceased 19 £ /___, and that death occurred at 19 . M., from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22d. BURIAL CREMATION 22b DATE THEREOF 22d LOCATION (City, lown or county) 22c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery Evansville. Indiana O 240 REC D. BY REGISTRAR 24b REGISTRAR'S SIGNATURE Wm. Cook-Towson, Inc., 1050 York Road, Towson 4 DATE



MARYLAND STATE DEPARTMENT OF HEALTH PLACE OF DEATH 2 LISUAL RESIDENCE (Where deceased I ved. If not tution Residen a before admission o COLDJY O-STATE 6 COUNTY MARYLAND b CITY OR TOWN (If outside corporate I mits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I. write RLRAs and give nearest town RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES I NO DE Middle DECEASED (Type or print) 196 9 AGE (In years lost birthday) 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 5. SEX Months Days LOUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) T12 CITIZEN OF WH UNTRYS during most of working ife, even if retired) physicia 16 SOCIAL SECURITY NO ğ 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE 10. DUE TO Conditions, if any which gove rise to immediate DUE TO couse (a), stating the underying couse last PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALID SEASE CONDITION GIVEN IN PART PERFORMED? YES TO NO DA 20b DESCRIBE HOW NURY OCCURRED (Enter nature of in any in Part I or Port II of item 18, 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month 20e PLACE OF INJURY (Home form, | 20f (City or fown) Year 20d INJURY OCCURRED (County, factory street, office bldg etc.) While Not while at work of work . 19 **)** 10 72 19 . 196 L. that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from \sim and that death accurred at & P M, from the causes and an the date stated above sow the deceased alive an MS 0 226 SIGNATUR ATTENDING MED DECTOR D 22¢ PHYSICIAN'S ō moy be.



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Page director	AAI	佢	1 PLACE OF DEATH COUNTY Baltimore 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE laryland Baltimore	perare admission)
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124 h		3	13 NAME OF DECEASED (Type or print) Melvin Ambrose Ruth OPATH May 7 2.	Doy Year 1961
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exe Dud	8		Glenn L. Martin Aircraft Highfield, Maryland	
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socie	s (I	1	Harvey A. Ruth Unknown	
Phy	ē \ _ *		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If you give wor or dates of service)	
th coding	E	\vdash	no 212-07-7000 Mrs. Mabel B. Ruth-1631 Natura Foad	Balto, Md.
offen offen of plea			PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
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IAN: T	2	CERT	OR CONTRIBUTING CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Port 1 or Port II or From IB.)	
of or att	r D I O I O I O I O I O I O I O I O I O I	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. While Not while at work at work at work at work at work	nty) (State)
NG Spit ter 1	ნ =`		21. I certify that I attended the deceased from Jahr 1960, to May 1961 that I las	t saw the deceased
A A A			alive an May 15, 1961, and that death occurred at 12 M. M. from the causes and an the	
	ō		ADDRESS (Street, city ar town, state)	DATE SIGNED
200	ē.		SIGNATURE William a. John M.D. Kingsville, Md.	5 23-6/
SAL D	5		PHYSICIAN'S William A. Tyson Kingsville, Maryland	
OSP V Se UNE		22	220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCAT ON (City fown or county)	(Stole)
O HO moy o FUh	E E	-	Burial 5-25-6) Greennilly Cemetary Working Company	<u> </u>
VS A15 (4)		23	23 FUNERAL DIRECTOR'S SIGNATURE LAUGHES FRANCISCA CLUB 240 REGISTRAR 246 REGISTRAR S SIGN.	
15M 10/57		1	tra , Section 12 Jans 13 wite 17 1726 DATMAN 24'61	



	**		CERTIFICATE OF DEATH	Reg. Dist. No (7.32 m)
Page director	· · · · · · · · · · · · · · · · · · ·	1, 1	PLACE OF DEATH • COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived if instit • STATE ** STATE ** Fary Land ** Land ** Land ** STATE ** STATE ** Fary Land ** STATE ** Tank	tution Residence before admission)
and be			b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Cotonsville 13yr6mthlodys Baltimore	e RURAL and give nearest lown)
by the	14	-	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL 5321 Laple Avenue	S RE IDENTE ON A FARM YES NO
illed in			DECEASED OF U	Worth Day Year May 17 19 61
d withir pletely firs Pog	T. A.			ors IF JNDER TYEAR IF UNDER 2. HRS Y) Manths Days Hours Min
execute nd components death.			to USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) plasterer construction interpretable construction interpretable.	U. S. A.
sician o			. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William II. Hyan Ellen Catken	
h certifi ng phy se rema n 72 hau		,Ye	Wind OWN 1 per gree wor or doles of service) 219-01-4881 Records: SPATI. G. RUVE SIA	Address History (1944)
he deat e offend en plea nt within			18 CAUSE OF DEATH [Enter on y one couse per line for (o) (b), and (c)] PART I DEATH WAS CAUSED BY PULLMONARY ECOMA IMMEDIATE CAUSE (o) Terminal branchopneumania	INTERVAL BETWEEN ONSET AND DEATH
es that the color of the color			Conditions, if only which (b) Arteriosclerotic cardic vascular disease	
ion. Lion. En signe insit per ond in		7	Cause (a), stating the <u>under.</u> Due to Due to	
The low g physic has be urial-tro		FICATION	206 ACCIDENT WAS INDERLYING TO 206 DESCRIBE HOW BUILDY OCCUPED THE THREE PARTY OF THE TREE	PERFORMED? YES NO 🔀
ottendin ert ficate os the b		CA. CERT	OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (State)
G PHYS pitol or in this ce for use cremati		MEDICA.		
TENDIN Jihe hos OR: Afre stached buriol,			21 1 certify that I attended the deceased fromMay 13, 19.61 to Nay 17, 19.61, and that death occurred at 2.61M, from the causes	en dotal BATE SIGNED
OR AL			SIGNATURE Stella Walleller MO. STRING GROVE STAI	TE HOULINAL 5-17-61
HOSPIT Tay be FUNERAL oge 3 shau he registrar		220	PHYSICIAN'S Stella Wachsler, M. D	
TO HO TO FUN Poge the re	U	233	REMOVAL (Specify) JEUNIERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	EGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57			J. Creteris Amo MI Je and 19 DATE MAY 18'61	Co in S. Thurs

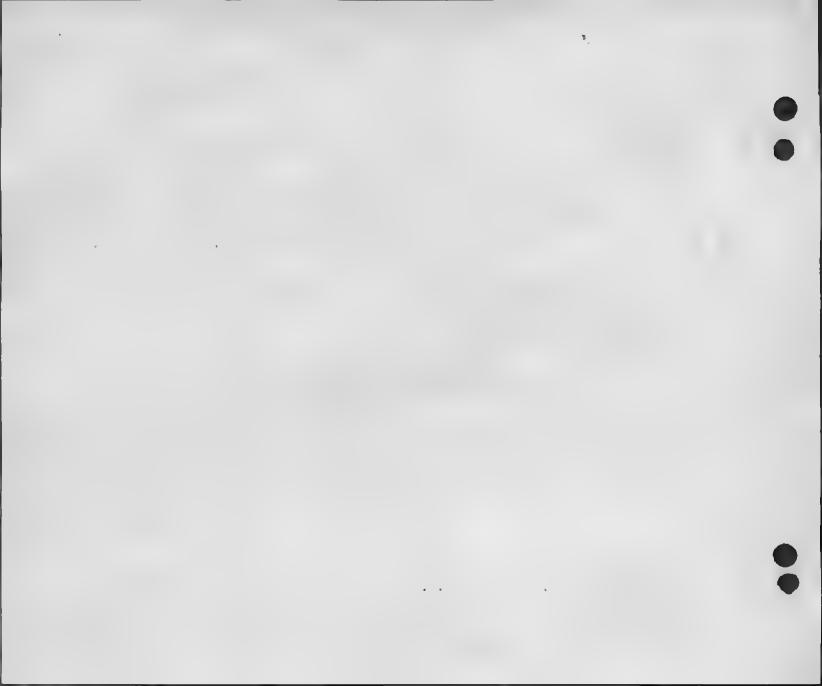
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finsilist on R be a COUNTY 6 COUNTY Balt imore MARYLAND c. TITY OR TOWN (If our da corpo ate I mit write RURAL ed , s or and b CITY OR TOWN (if outside corporate I mits ELENGTH OF STAY N 16 write RURAL and div specest town! affer "ort Howard 15 days a NAME OF HOSPITAL OR INSTITUTION , I not in hospital give at eet add ass Baltimore 17 ON A FARM! NO V Veterans Administration Hospital 3. NAME OF 4. DATE DECEASED OF (Typ. or print) DEATH May 1967 AGE TO STEEL ST and cor 6 COLOR OR RA E 8 DATE OF BRITE 7. MARR, EDY NE YER MARRIED lest birthday | Months, Days | Hours | Min. arch 15, 10a. USUAL OCCUPATION GIVE kind of work Φ MAY 12 CITIZEN OF WHAT OUNTRY? 106 KIND OF BUSINESS OR NOUSTRY IT BIRTHE ACE or lora u inding physician please remove and ip any eve dona during most of working life, even if retired) Gas : Electric Co. West Moulton, Lahorer 7.5.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Samuels Mile
15. Was deceased ever in u.s. armed forces? 16 social security no 17 informant Mildred -Unknown Clinical decords. VAH Baltimore 18 (Yes, no, or unknwn. Ilfynsg va war or daths of servic Maryland-FOLT HOMARD DIVISION HYSICIAN: The law required to hosp rational as certificate has been signed by the for use as the burial-transit permit control to bur al, cremation, or remained to the second to the se 18 CAUSE OF DEATH [fel a only one cause per in for a 10, and . . NTERVAL P. TWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 5 MINUTES CARDIAC ASYSTOLE IMMEDIATE CAUSE IN DUE TO MYOCARDIAL INFARCTION KAXE CARCINEXAXOF APROSTATE WITH (a), stating the units, ying PART II OTHER SIGNIFICANT CONDITIONS CONTROL OF THE DIGHT OF THE STED IN THE TERMINAL DE EASE CONDITION OF THE PART OF THE A MOSSY PERFORMED" PROSTATE WITH BONEY METASTAPIS FT N. X ZUA, ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW, NO JRY O GUIRE I fine neture of Light Pint Pint 1 yield OF CONTRIBUTING EL CAUSE OF DEATH 20d. INJURY OCCURRED | 200. PLACE OF INJURY (Ho. , fa m | 27 | https://doi.org/10. factory, street, office bldg., atc.) While Not While al work at work 21. I certify that M (this hospital) attended the deces ad from April 27 7:1961, to lay 12 1961 that M) (we) last and that death occurred at PM, from the causes and on the disa tated above saw the deceased a ive on May .12 22b DATE 22a SIGNATURE ATTEND NG TONED 7 PHYS DIRECTOR 2K PHYLICANS FUNERAL ector, page fied with th 42d ADDRE VAH NAME (Type) Howard Division M.D. 230. BURIAL, CREMATION 236 DATE THEREOF 238 NAME OF JEM TERY OR CREMATORY 23d LOCATION ify with a unit REMOVAL (Specify) 16 May 1961 \$ o \$ 8 Baltimore National Baltimore Marvland 258 REC D BY REGISTRAR 256 REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) PATE MAY 1 6 161 HALLAND FUNERAL HOME 15M 9/60 - no lower & House

physician

MARYLAND STATE DEPARTMENT OF HEALTH



	# 235 M	EDICA	L EXAMINER	'S CERTI	FICAT	E OF DE	ATH	Reg, Dist, No	1,235%
PLACE OF DEA	Baltimore	•	MARYLAN	A STATE	SIDENCE (W	/here deceased live	b. COUNTY	n Residence bel	fare admission)
ond give near	NN III outs de corporate fimits, was fown] 1005	nte RURAL	c. LENGTH OF STAY IN 1		R TOWN (IF	outside corporale	limits, write RU	RAL and give n	earest town)
d. NAME OF H	OSPITAL OR INSTITUTION	(If not in hosp	ital, give street address)	d STREET	ADDRESS	, 1 ₀ 5			ON A FARMS
3. NAME OF DECEASED (Type or print)		Willia	Middle m Schanken	Los		4 DATE OF DEATH	Month May 11	Doy 1961	Year
5 SEX 'Male	6. COLOR OR RAC	7 MARRIES	NEVER MARRIED DIVORCED	8 DATE OF BIRTH	H 1CL 1.	7.15 P. AC	E jin years IF		IF UNDER 24 HR Hours Min.
too USUAL OCCU during most of Uwner	PATION (Give kind of wor working life, even if refrec & Up erator O	f Gas &	ND OF BUS NESS OR INDU Oil Station	STRY 11, BUNHAP	ACE (Stote	or foreign country	1	12 CITIZEN O	F WHAT COUNTS
13. FATHER'S NA	Harry	Sel	auten	14. MOTHER'S	MAIDENN	ein	Kee.	fre	
15 WAS DECEAS Yes no or unknown!	ED EVER IN U. S. ARMED F	ORCES? 16 S	OCIAL SECURITY NO 17	REGEMENT	15	Tex La	Address Lew Vo	18 2 ml	· of
	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Corre	or (a), (b), and (c).] Onary Thrombo	sis				ONSE	EVAL BETWEEN ET AND DEATH
gave rise to	if ony, which immediate couse the underlying	p[Cardio Vas	cular h	eart o	disease			
PART I	OTHER SIGNIFICANT CO	NDITIONS CO	NTR BUTING TO DEATH BUT	NOT RELATED TO	THE TERM (NALD SEASE CON	DITION GIVEN		9 WAS AUTOPSY PERFORMED? YES NO K
PRIMARY CAUSE OF DE	L CAUSE WAS IT CONTRIBUTING ATH.	206. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of in	njury in Port	I or Part II of iter	n 18.)		
	INIURY Month, Day, Y z. m. z. m. 1	While	Not while of work	LACE OF INJURY (ictory, street, affici	Home, form, bldg., etc.)	20f (City or for	vn)	(County)	(Slate)
1	fy that I taok charg lited fram: Natura 4.1		emains described al		Autopsy Hamicide	1999	tion (A) , ermined cau		, and find th
ACTUAL SIGNATURE_ EXAMINER'S	Je ville	11/10	77	ASSISTA		L EXAMINER		7.00	DATE SIGNED
NAME (Type) 220 BURIAL, CREA BUILTAI	neited in the second	Of	name of cemetery of Loudon Pa	OR CREMATORY		Z2d LOCAT ON (Balt	City, lown, or commone,	Maryl	(Stote) and
_	CTOR'S SIGNATURE H. Hubbard	4107	ADDRESS	7e .		BY REGISTRAR		AR'S SIGNATUI	₹E

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e 4 should be

TO DEPUT MADICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delthis in necrety, cut the withing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funer. It can be considered to the form. The form of the form. The form of t

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VS. A15ME(5) 5M 9/55

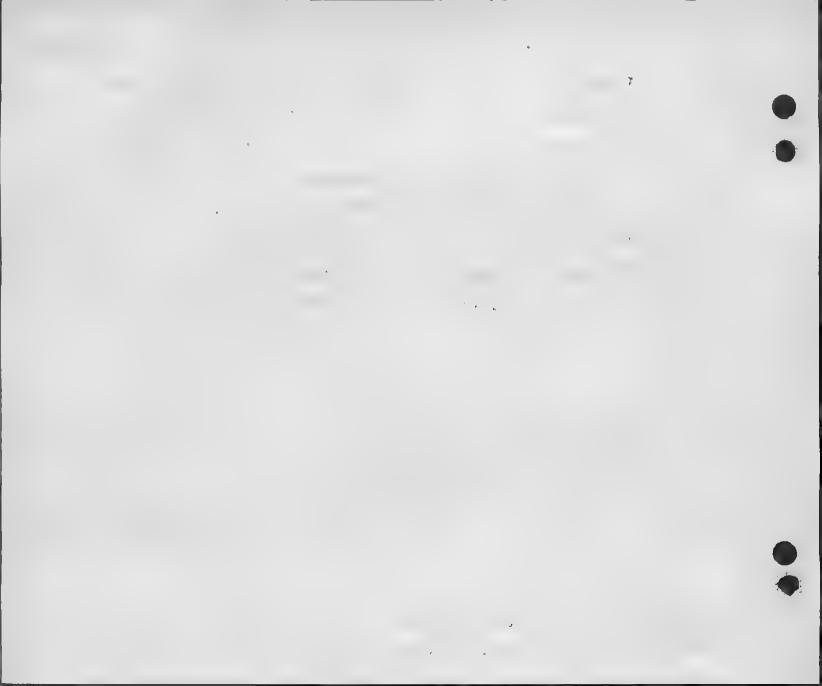
cremolion,



DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND 5336 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived 1 institution Risk e. COUNTY b. COUNTY MARYLAND b CITY OR TOWN if outside a rouse limits a. LENGTH OF STAY IN 16 a CRY OR TOWN If outside on ociate limits, write RURAL ... write RURAL endige in rest town Pages d. NAME OF HOSPITAL OR INSTITUTION of not in hisspital gry istrael addre 5 RESIDENCE ON A FARM? YES INO in papers. 3. NAME OF Middle DECEASED OF (Type or print DEATH and cor 9 AGE in years IF JINDER I YEAR OF UN 7. MARR ED NEVER MARRIED 7 last birthday W DOWED [DIVORCED physician IDe. USUAL OCCUPATION (Give kind of work IDB. KIND OF BUSINESS OR INDUSTRY гетоуе fire a country 12 TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SHEET-METAL FOREMAN 13 FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no ar unknown' (ify so vawer or deles of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART DEATH WAS CAUSED BY erterioselerates Heure IMMEDIATE CAUSE IN DUE TO Conditions, if any, which geve rise lo immediate causa DUE TO (e), stelling the underlying ceuse lest. PHYSICIAN: the hospital or this certificate I PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN LARL 1... 15, WAS AUTOPSY PERFORMED? NO U use prior 2De. ACCIDENT WAS UNDERLYING UN CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW NURY OCCURED (Enter reture of injury in Pert For Pert I of 12m 13 R: After this ca detached for it. of Health pr (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED , 20e PLACE OF INJURY (Home farm, 20f City or town 2Dr. TIME OF NIURY Month, Day, Year Not While lectory, street, office bldg., etc.) While Hour a.m. at work p m CIOR: 19.59 21. I certify that (I) (this hospital) attended the deceased from. receip 2) 190 that (I) (we) last saw the deceased alive on * Truck V V 19 6 , and that death occured at / M, from the causes and on the date stated above. 226 DATE 22e, SIGNAJURE ATTENDING 'n D RECTOR PHYS. PHYS death C. J. with # 22d ADDRESS 22c PHYSICIAN S NAME (Type (---23c NAME OF CEMETERY OR CREMATORY 23d LOCATION , City town or county 23e. BUR AL, CREMATION 1 236 DATE THEREOF REMOVAL Specify 0:58 24 FUNERAL DIRECTOR'S SIGNATURE 25a REC D BY REGISTRAR 25b REGISTRAR S S GNATURE VR A15 (4) KOAD 護M 9/60

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DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) e. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN Th c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) . d. STREET ADDRESS QR INSTITUTION ON A FARM? YE" I NO I 3. NAME OF 4 DATE DECLASED (Type or Drint) DEATH 6 COLOR OR RACE / MARRIED NEVER MARR ED T IF UNDER LYEAR IF UNDER SA HES 8 DATE OF BIRTH 9 AGE (In years lost bigliday) Months Days Hours DIVORCED [WIDOWED X 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terre and . . . IMMEDIATE CAUSE (6) DUE TO ween I the octor disease Conditions, Fony, which) gove rise to immediate DUE TO couse (o), stoting the underlying cause lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 160-19 WAS A TOPSY PERFORMED / whilever Edensi. - engler was . YES I NO P 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Port II of item 18) 20c. TIME OF NJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) 20d INJURY OCCURRED (Stote) foctory, street, office bldg., etc.) While Not while of work any 1961, that I last saw the deceased 21. I certify that I attended the deceased from Jan 1919, to , 1961 and that death accurred at 5.54M, from the causes and on the date stated above ADDRESS (Street, city or lown, stote) **ACTUAL** SIGNATURE A FUNERA 270 BUR AL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

1SM 10/57

LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

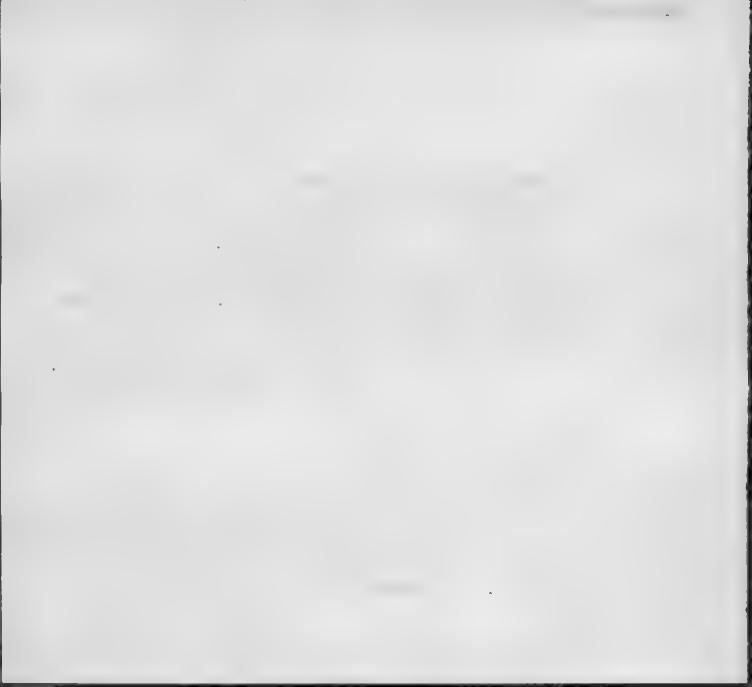
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 4 death. Page 4 may be retained by the hospital or aftending physician.

3 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of intector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the filled with the State Director as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the filled with the State Director as the burial-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH

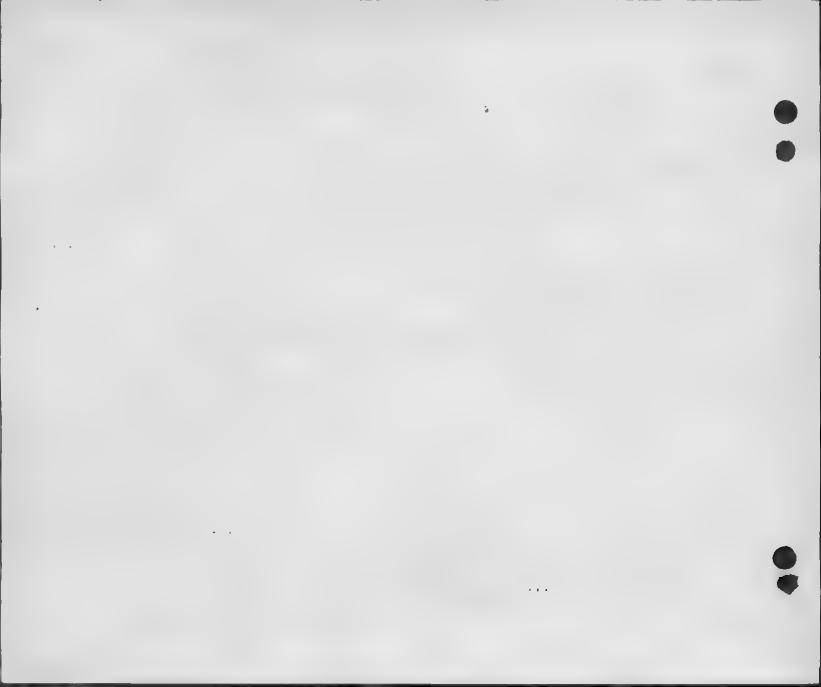
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
CERTIFICATE OF DEATH

1 PLACE OF DEATH		2 USUAL RESIDENCE Where dec ased	
Baltimore County b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	MARYLAND c. LENGTH OF STAY IN 1b	MARYLAND	b. COUNTY MONTGOMERY
it. Wilson		CLARKSBURG	
Mt. Wilson State Hospita	_	RT. 1. Box 41	S IS RE IDENCE ON A FARM? YES X NO .]
3 NAME OF First DECEASED	Middla	Last 4. DATE OF	Month Day Year
(Typa or print) ALEX		SENIC DEATH	5 22 19 61
5 SEX 6 COLOR OR RACE 7, MARR	ED NEVER MARRIED 8.	last b	In years FUNDER 1 YEAR IF NOTER 24 HRS uthday) Months Days Hours Min.
WIDOW			5 yrs.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	THE BRIMP ACE TO 2 y & State or fing.	ry 12 LIT ZEN DE WHAT OUNTRY?
COAL MINER		GLITZIN PENNA	USA
JOSEPH SENIC		MYTLE GABOR	
	SUCIAL FOURTY NO. 1 H		Address
No 18 CAUSE OF DEATH [Er . on y one tauso pe	228-03-9783 Hos	pital Records, Mt. W	ilson State Hospital
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE #		R FLUTTER	ONSET AND DEATH
Conditions + y which b gave rise to immediate cause (a), stating the underlying DUE TO	ARTERIOSCLES	ROTIC HEART DISEASE	1 YR.
PART II OTHER SIGN FLANT CONDITIONS AND CONDITIONS			PERFORMED?
PULMONARY TUBERO 206 A. LIENT WA FRY YOU OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER,)	ULOSIS. EMPHYS SCRIBE HOW IN JRY G RED	EMA the natura of in any in Pint I in Part I in I in	no () no DA
ZDz TIME OF NJURY M sin Day Y . 2Dd Hour a.m. Whi	leNot While fecto	EITE NURY Huma term 2Ls City or low ry, street, office bldg., etc.)	r vin 816
21 I certify that (I) (this hospital) after	nded the deceased from	10/7 , 1960, to 5,	/22 19 61 the (I) (we) last
saw the deceased alive on 5/22	. 19 61 , and that	death occured a8.35 RMm the	causes and on the die stated above
22. SIGNATURE 22. HAY CIM UNCOMMEN.	AA	ATTENDING MED. STA	
William Newcomer, M.D. 23a (Burial Cremation 23b Date thereof		ent Mt. Wilson, Mary	land ty, fown an arty Star a
RĚJIOVAL "Specity)		4	C Vira
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRÉSS	25a REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATURE
FOANK NEWELL PIKESVIL	. m M	MAY 1 7 '62	C 42 2 8 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF BEATH 2 USUAL RESIDENCE (Where declared I ved. If no tunor Bet d a. COUNTY b. COUNTY a. STATE Baltimore MARYLAND and b. CITY OR TOWN I find the priporate times. LENGTH OF STAY IN 16. e 7 TY OR TOWN | foulsing corporate mits, with Rukha, ad | # 8 - 45 write RURAL and give nearest town) Owings wills 23 years Baltimore Gity NAME OF HOSPITAL OR INSTITUTION of nor in hospital, give street address du STREET ADDRESS e. ID RESIDENCI ON A FARM? YES NO TE Taylor Avenue Rosewood St. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Shellev 6 COLOR OR RADE 7, MARRIED NEVER MARPIED TO B DATE OF BIRTH 9 AGE IN YOUR I L'INDER I YEAR IN JA DER . ast birthday) | Months | D YORCED [] WIDOWED | physician 10a USUAL GLEURATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY IN WIRT OF LE done during most of working life, even if retired) Dependent Baltirore, Maryland U.S.A. a attending pt Then please r 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Dorothy A. Gerwig John Shellev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Ifveso, vewa; ordates of service) D V G Rosewood R cords Owings lills, Mil MTERVALPY IN 18 CAUSE OF DEATH unfer only one cluse per ing for bland ... ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bronchepner mona bilateral massi burial-transit ranchies topes gave rise to immediate cause a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS FONTRIBUTING TO DEATH BUT NOT RELATED TO THE TIRM NAU DISEASE CONDITION GIVEN IN FART 1 TO WAS ALTOPSY PHYSICIAN the hospital cate this certificate PERFORMED? MICEOGUFICA, EXTERNAL GOLDES LAS 206. DESCRIBE HOW INJURY OCCURED, LENTER nature of Indian Part Lock of John 16 OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) X NO R ATTENDING
y be retained by the CIRECTOR: After the Should be detached 20d INJURY OCCURRED 20e PLACE OF INJURY Home, farm | ZOF | City or lower 20c. T ME OF INJURY Month, Day, Year While __ Not While factory, street, office bldg., etc.) Hour a.m. at work at work 21. | certify that M (this hospita) attended the deceased from. 4-12-38, 19 , 1961, that (1) (we) last , lo 19 6 , and that death occurred at 1:30 from the causes and on the date stated above. saw the deceased alive on 225. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS PHYS Color a page with # FUNERAL 22d. ADDRESSRosewood State Trainin Scrol 22c. PHYS CIAN'S NAME (Type) Owin sallis, ad ford **J.**≠Mathews, M.D. 23a, BURIAL, CREMATION, 23b. 23d, LOCATION (City, town or county 23c NAME OF CEMETERY OR CREMATORY REMOVAL Specify) 0:53 1256 REC'D BY REGISTRAR 256 REGISTRAR 5 S GNATURE 24 FUNERAL DIRECTOR 5 SIGNATURE VR A15 (4) DATE MAY 23 '01 15M 9/60

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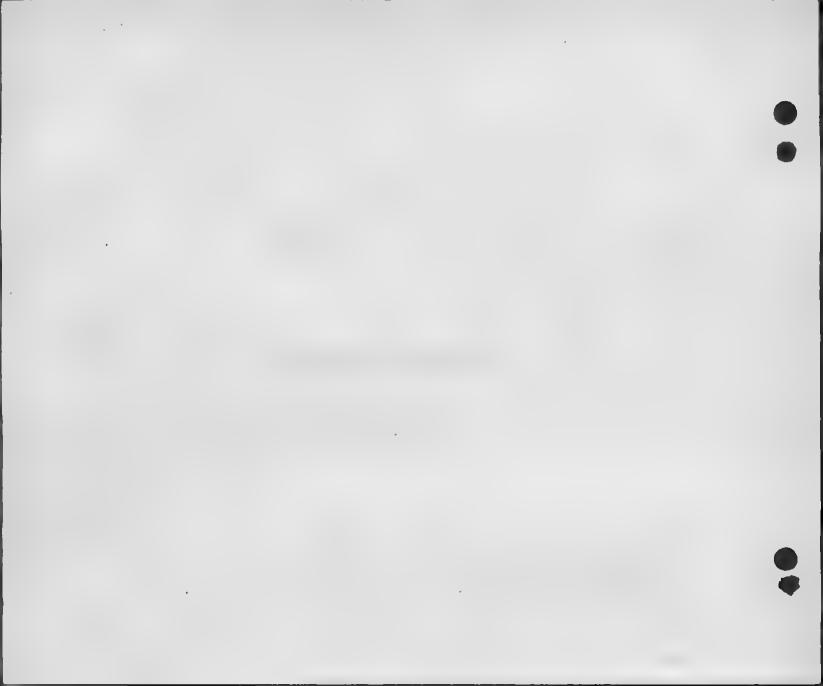
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VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 5340 CERTIFICATE OF DEATH Light with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o COUNTY o STATE 6 COUNTY Balt. A re MARYLAND laryland b CIY OR TOWN (If outside corporate imits write c LENGTH OF STAY N 16 c CITY OR TOWN I floutside corporate limits, write RURA, and alve nearest town. RURA, and give nearest town) Rait Lone d NAME OF HOSPITAL (If not in hospito), give street address; Te IS RESIDENCE d STREET ADDRESS TOB METATIONE ON A FARM? 13JR Charles ofreet YES NO F 4. DATE Middle Month DECEASED OF DEATH deor o 3. 1k death (Type or print) r.av 6 COLOR OR RACE 7 MARR ED NEVER MARR ED X IF UNDER LYEAR + INDER 24 HRS S SEX B DATE OF BIRTH 9. AGE Un veors Jast birthdoy) Months Days Hours white April, 1901 male WIDOWED D VORCED [100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (State or fore an country) 12 CT ZEN UF WHAT COUNTRY? dod during most of working life even if retired) none LATY La nu U. 2. A. L3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physici unkalown remove 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? TA SOCIAL SECURITY NO. Address Bu unic bun Records: unkt.mun offenda INTERVAL BETWEEN 1B CAUSE OF DEATH [Enter only one couse per the for (a) (b), and (c)] ONSET AND DEATH PART 1 DEATH WAS CAUSED BY Arter: welers the cardiovascular was use IMMEDIATE CAUSE (6) **DUE TO** Generalized arterics cums is Conditions, if any, which (b). gove rise to immediate DUE TO couse (a) stating the underlying cause lost PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/19 WAS AUTOPSY PERFORMED? YES NO TO 206 DESCRIBE HOW NJURY OCCURRED (Enter noture of in ury in Port or Part II of item 18) 20a ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH Ficate IT EITHER NOT FY MEDICAL EXAM NER 20c TIME OF INJURY Month, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) County (Stote) Not while factory, street office bldg , etc.) 5 Hour om (While p m at work at work 21 I certify that (I) (this haspital) attended the deceased fram _____. Jec. _ 2 1959, to___iay . 19 UL that I ame lust 19 O.L. and that death occurred at saw the deceased alive on M from the couses and on the date stufed above 080 22o SIGNATURE ATTEND NG PHY5 MD DIRECTOR page 22c. PHYSICIAN'S 22d ADDRESS 2 NAME (Type) FUNERAL Stella Wachwier, Catch sville 236 BUR AL CREMATION 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City lown or county REMOVAL (Spe fyr 40 0 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 256 REGISTRAR S STONATURE VR A15 (4) Combuy S. Thouse 15M 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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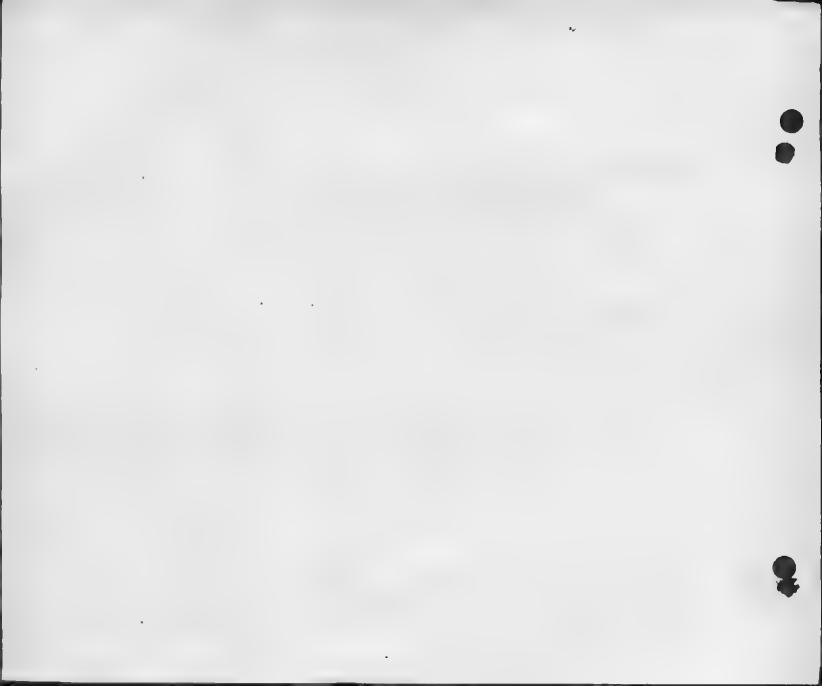
4 7 £ £		CERTIFICA	TE OF DEATH		0000
PLACE OF DEATH	ltimore	MARYLAND	a STATE	there deceased lived if institute b Count land	tion Residence before admission) Y Fultilore
b CITY OR TOWN (If our RURAL and give neares AE RO A	manager Para	c LENGTH OF STAY IN 16		autside corporate limits, write	RURAL and give nearest fawn)
	If not in hospital, give street of Gymo Drive	oddress)	d. STREET ADDRESS	n Drive	e IS RESIDENC ON A FARM YES NO
NAME OF DECEASED (Type or print)	First	Middle CAT	Lasi	4 DATE MO OF DEATH	anth Day or
SEX 6	COLOR OR RACE 7 MARR	ED DIVORCED DIVORCED	8 DATE OF BRITH	9 AGE 'n year last birthday)	
Oa USUAL OCCUPATION (during most of working Putcher	Give kind of work dane 105 life, even if retired)	KND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNT
3 FATHER'S NAME		k cireu	14 MOTHER'S MAIDEN		1 6.2
John S: 5 WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	imon U S ARMED FORCES? 16 I give war or dates of service)	SOCIAL SECURITY NO 17 II	Wilhelmin NFORMANT	a Solzmon	ldress
Canditions, if any, gave rise to immicouse (a), stating the lying cause last. PART II OTHER	under DUE TO	CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERM	A NAL DISEASE CONDITION C	SIVEN IN PART 10 19 WAS AUTO PERFORMED YES NO
200 ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	CR BE HOW NJURY OCCURRE	D Enter nature of in ury in	Part I or Part II of item 18)	
20c TIME OF INJURY Have a m p m	Manth, Day, Year 20d II While 19 at war	Nat while fo	ACE OF INJURY (Hame, for ctary, street, affice bldg., et		(County) (S
21 I certify that (I saw the deceased 220 SIGNATURE 221 PHYSIC AN'S NAME (Type)	· · · · · · · · · · · · · · · · · · ·	4 4	death occurred at 21		12, 19.61, that (I) (we) and an the date stated abore 22b DAT CO
PEMOVAL (Specify)	236 DATE THEREOF	23c NAME OF CEMETERY C	of Jorns	23d LOCATION (City, town	
E FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	2So REC	TO BY REGISTRAR 286 REC	G STRAP'S SIGNATURE

may be to the hospital ar attending physician TO FUNERAL DIRECTOR. After this cert incole has been signed by the ottending physician and complete y fulled by the funera director, page 3 should be detached for use as the buriol-transil permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the Stole Board of Health prior to buriol, cremation, or removal, and in any event, withthe 72 hours offer death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A 5 (4) 15M 9 59

Page 4



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CERTIFICATE OF DEATH

	PLACE OF DEATH COUNTY Raltimore	MARYLAND	2 USUAL RESIDENCE (WHO STATE		nstitution Residence	· ∀			
	b CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (Foutside corporate limits write RURAL and give nearest lown)						
I	d NAME OF HOSPITA. (Final in hospital give street of OR INSTITUTION	oddress)	d STREET ADDRESS	U: =		e IS RESIDENCE ON A FARM?			
	u. wilson State Hospital	-		Tame =		YES NO			
_	NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Month	Day Year			
	6 CO.OR OR RACE 7 MARRI	D DIVORCED	B DATE OF BIRTH	l lost bir	3 yrs 1	Days Hours Min			
100	USUA: OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	PARALLE BIRIHPLACE (Store	or foreign country)	12 € 12	EN DE WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
	Trace & I ALL THE		4	i rr	14127				
15 ,Ya	WAS DECEASED EVER NU S ARMED FORCES? [16. 5 to do or unknown]	Y.I.	's. Ldward T.	Smith- S	Address Address Address	a like house was a .			
	1B CAUSE OF DEATH [Enter only one couse per lin PART I DEATH WAS CAUSED BY					INTERVAL BETWEEN ONSET AND DEATH			
CERTIF CATION	Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost. Parr OTHER SIGN FICANT COND TIONS C	ONTR BUT NG TO DEATH BUT I' 1		·		TIP WA A TOPSY OF THE STATE OF			
MED CAL	20c TIME OF INJURY Month Doy, Year 20d IN- Hour a m While p. m 19 of work	URY OCCURRED 20e. PL	ACE OF INJURY (Home form tory, street office bidgi, etc.)		.50,	ounly (State			
	21 I certify that (I) (this haspital) attended the deceased fram								
23	BUR AL CREMATION 236 DATE THEREOF REMOVAL (Specify) 5-5-61	236 NAME OF CEMETERY O	1 Cemetery	ı ratimyr	e, raryiai	ac			
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 7		D BY REGISTRAR 25					

250 REC'D BY REG STRAR DATE MAY 2

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Johnny S. Thomas

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tan page 3 should be detached for use as the bunal-trans t permit. Then please remove carbon pagests. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 the tospital or attending physician TO HOSP

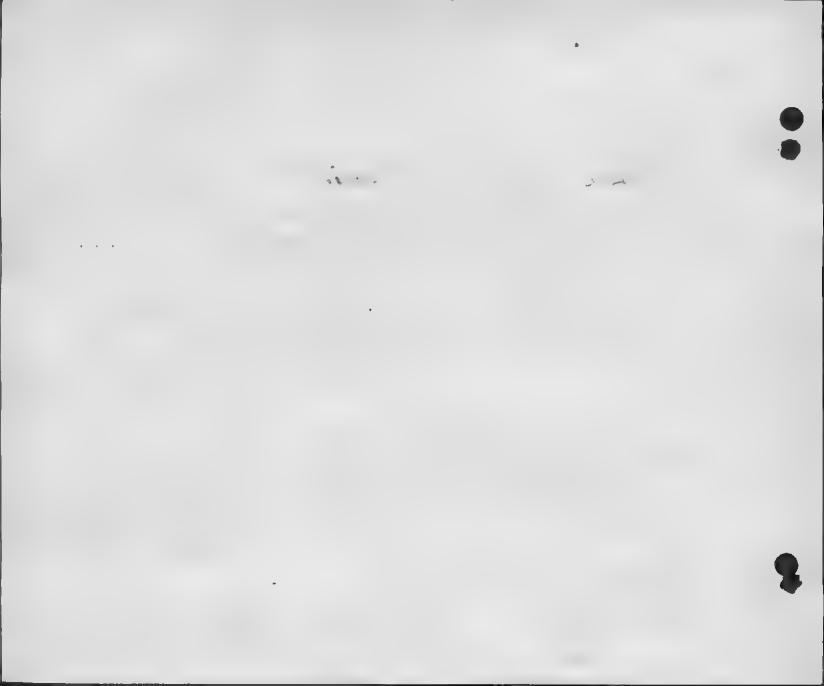
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 7. USUAL RESIDENCE (Where discsessed lived, if not turble Resid no be a. COUNTY **b.** COUNTY e. STATE 5 N 6 MARYLAND L MARK A by the b. CIY OR TOWN, flours de corporate l'mifs. c. LENGTH OF STAY IN 16 c. LITY OR TOWN I outside corporet timits were RURAL into the write RuRAL and give pear of town. Title to the 드 등 등 1 + " re re filled in Pages d STREET ADDRESS e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? St. Joseph's Nursing Home 284 Mason Court YES NO W papers. 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIR 9 AGE to years IF UNDER TYEAR IF WER 24 HRS. last birthdey Minths Day carbo physician and se remove car in any event. widowed KDOWED K DIVORCED [] Tane 1, 1261 56 415 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION GIVE KIND of WORK done during most of working life, even if retired) St. f la gea Laterior por rating 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 70. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unknown) (If yes give wer or dates of service) Mr. Lee Smith-924 Southerly Road . none 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and ONSET AND DEATH acuto PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Arlen of Cardiction Insien A. V. I. I Condifions, if any, which gove rise to immediate cause DUE TO (e), stating the underlying P the high PART MINER IGNIA ANT CONDIGONS UNIVADE AND ATTAIN BUT NOT RELATED OF DENAL AND HONG VENIN DARK IN A UNIVERSAL TO A A UNIVERS YSICIA hospital certificate PERFORMED? CERT FICAT use ror OR CONTRIBUTING EL CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER, R: Affer the detached 20¢ TIME OF INJURY W IN Day, Y at 20d, NJURY OCCURRED 2. PLACE O IN RY H no form 20f Lary C " w factory stree' ffice b do , a c While ___ Not Wh ' Hour e.m. at work | et work | p.m. 21. I certify that ... (this rose tall attended the deceased from . f f. ..., 19 f., to ..., 19 and that death occured at ... M, from the causes and on the diste stated above. saw the deceased alive on ---ATTEND NG 226 DATE 22 ST NUATURE SIGNED MED CTAFF DIRECTOR 1 PHYS. director, page 3 122d. ADDRESS 22c. PHYSICIAN'S NAME Type 23d LOCATION City if we ar county 23s. BURIAL, CREMATION , "36. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rolling to Com W. $\mu_{\rm ph} \, {\rm lim}$ Ē Chiling 250. REC'D BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) 15M 9/60



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased by d. f. ostitution, Rasidence by a dission) a COUNTY b. COUNTY the 2 ath. MARYLAND b. CITY OR TOWN of outside corporate limits c. CITY OR TOWN If ourside corporate in its write RURAL . I have in & LENGTH OF STAY N 16 \$ E write RURAL and giv in acresi town) 5mth2zdv3 Capitol haland, Paryland PLITAENTO d STREET ADDRESS d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give sireet address, ON A FARM? 219 Fift -second Avenue YES NO V John 72 3 NAME OF Middle : DATE complet Snyder (Typ or print) 61 19 9 AGE In years IF UNDER 1 YEAR IF UNDER 2 HRS 7. MARRIED NEVER MARKIED B. DATE OF BRTH last birthday) | Months Days 3 Hours WIDOWED X DIVORCED [remove 10a USUAL OCCUPATION (GIV kind of work 105 KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE Towns, & flat or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working, I fe, even if retired) housewife Wallington, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME is Hie sundell UNKACUN 16 NOT AL SECURITY NO. 17 INFORMANT Address (Yas no, or ank, whill fiftyes give war and ales of sary no Records: must an /s 16 CAUSE OF DEATH Inter only one couse per line for 'a billion's INTERVAL LET MEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY: Terminal bronchopneumonia IMMEDIATE CAUSE at " II. X DUE TO interioscleratio brain di ease Conditions, flans, will chin gava rise to immediate cause (a), stating the underlying Gen. alized arteriosclerosis cause last PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 8 19 WA' AUTOPSY PERFORMED? NO F 2Cb. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury in Part I or Part II of flam IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d NJURY OCCURRED 20 PLACE OF INJURY (Homa, tarm 20f. City or town) 20c TIME OF INJURY Month Day, Year lactory, street, office bldg , etc., While Not While at work 14 . 19 61, that (I) (we) last Oct. 51 21 | certify that (I) (this hospita) attended the deceased from 0 M, from the causes and on the date stated above. 1961 , and that death occured at. 8 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Hela "allesler " PHY5. D RECTOR PHYS death. P. 6

CO FUNERAL I

director, page 3

be filed with the 122d. ADDRESS 22c PHYSICIAN'S NAME (Typa) Stella wachsler, ... D. Catoms Ville 20. 141 Fland 236 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county) REMOVAL [Specify] VR A15 (4) Olambers arthe 517-11th STS-8 DAMAY 15M 9/60



	ter death.		After this	y of this	
	hours af		ter death.	third cop	
	Within 14		thours aft	rector, the	
	TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 14 hours after death.		TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this	certificate has been executed by the attending physician and completely fined in by the funeral director, the third copy of this	
	ertificate b		he registra	in by the	
	he death o		Hed with it	aly firled	Thermit
	quires that t	physician.	lificate be f	nd complete	mini francis
	The law rec	The bottom copy may be retained by the hospital or attending physician.	e death cer	hysician at	THE DE NO.
	SPITAL	hospital o	ires that the	attending p	tached for
	N OR HO	ined by the	se law requ	d by the	and ha de
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3	NDING DI	om copy m	RAL DIRE	te has bee	artificate ac
	O ATTE	The bott	TO FUNE	certificat	Acata A
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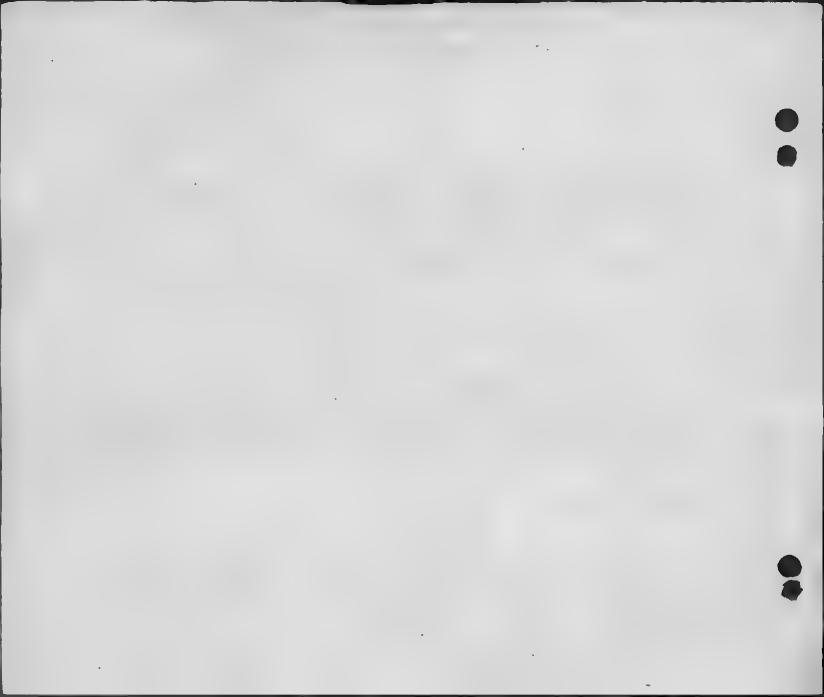
TO FUNERAL DIRECTOR: The law requires that the certificate has been executed by the attending death certificate assembly should be detached for \$450,155,100.

INSTRUCTIONS

CERTIFICATE OF DEATH

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 Dist	Ma			

₫	50%	CERTIFICATI	E OF DEATH	
1			Re	g. Dist. No
	1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DE	CEASED
J	COUNTY BY JIMO	P C MARYLAND	STATE MCRAGAL COUNTY	SOMMERC.
1	CITY (if outside corporate limits, water of OR and give nearest town)	RURAL LENGTH OF STAY	CITY (if outs to corporate limits, write RURAL and	dive nearest town)
J	TOWN WAND	15 22 334	TOWN DE LINGALTEZ	2
7	HOSPITAL OR INSTITUTION OR 1 / 10 / 1		STREET ADDRESS (If fural give	location)
1	STREET ADDRESS 142 CAC	STAULT SHEET	142 ChesTNAT	<i>S</i> 7,
	3. NAME OF (Frst)	(Middle)	((est) 4. DATE(Mont)	(Day) (Year)
ı	(Type or Print)	EMMETT S	Peed DEATH //	44 25 1961
۱	5. SEX 6 COLOR OR .	7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,		IF UNDER 1 YEAR IF UNDER 24 HRS
١	M	(Specify) Widdined CCT	5 1892 64 40.	Months Days Hours Min.
ı	10a, USUAL OCCUPATION (Give kind of wo	ork 106. KIND OF BUSINESS	11 BIRTHPLACE (State or foreign country,	12. CITIZEN OF WHAT
	done during most of working life, even	OR STEEL PLONT	SUSSEY, VIARION	1 215
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Y	8		17	
4	15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
1	(Yes, po, or unk.)	13-07-25	45 John Speed, Jr. 142	ChesTNUTST
1	THE LESS OF CONDITIONS DIRECTLY IS		RTIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LE	(6) LIROMIQ		ONSET AND DEATH
	IMMEDIATE CAUSE			a surpr
ı	"ANTECEDENT CAUSE(S) DU DISEASES OR CONDITIONS, IF ANY,	(B) ThiTRAIS	TONOSIS	
1	GIVING RISE TO THE ABOVE CAUSE	JE TO ALAMAT	11 1	2/X >
		(c) / XI reamanic	HEARINIS GOLD (70)
1	TO THE DEATH BUT NOT RELATED TO THE			9
	DISEASE OR CONDITION CAUSING DEATH	H, MAJOR FINDINGS OF OPERATION		20 AUTOPSY?
ı	198, DATE OF OPERATION	MAJOR FINDINGS OF OPERATION		YES NO
ı	218. ACCIDENT WAS UNDERLYING		21c WHERE DID INJURY OCCUR? (City or town)	(County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY streat, office bldg., etc.)		
1	21d. TIME OF NJURY (Month) (Day) (Y	reer) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?	
ı		M, st work st work	tim Michael II	*
ı	22. I hereby certify that I atte	ended the deceased from MARSI.	/ 7	., that I last saw the deceased
ı	alive on 1944 JD, 19	6.1 . , and that death occurred a	at. 6.24	
	SIGNATURE	Valla	1 HA COLA LEAVED A LANGE	stofo) DATE SIGNED
	23. BURIAL, CREMATION, DATE	THEREOF I NAME OF CEMETERY OF	R CREMATORY LOCATION (City, town,	or sounty) (State)
	REMOVAL ISPECIFY)			Maryland
		TRAR'S SIGNATURE	1 2 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	10 N 2 3 1		Cherren Karan	P*
	DATE	29 3 9 G	Charles R. Law 602 Madis	OH WAG!



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution_ Residence before admission) COUNTY MARYLAND writegrest fown b CITY OR TOWN (If ourside corporate imits write c LENGTH OF STAY N 16 c. CITY OR TOWN (if outside corporate imits, write RURAs and RURAC and g ye nearest town) d NAME OF HOSPITAL, finat in haspito, give street address) OR INSTITUTION e IS RESIDENCE ON A FARM? YES TO NO 1 NAME OF Year DECEASED DEATH (Type or print) 9 AGE (in years IF UNDER 1 TFAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours I 112 CITIZEN OF WHAT COUNTRY? 100 US ALCICCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY, 11 B RTHPLACE (Slote or foreign country) during may of yorking life, even if retired), 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 5 affending physic, n please remaya S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (a) stating the under ying cause lost (c) PART IL OTHER SIGNAL CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I PERFORMED? YES NO I 204 ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Port L of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c T ME OF INJURY Month, Day, Year 20d .NJURY OCCURRED 20e. PLACE OF INJURY [Home, form. , 20f. (City or town) (conty, foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p m 21 I certify that (1) (this haspital) attended the deceased from that (!) (wer last and that death occurred M. from the causes and on the date stated above saw the deceased alive an AL DIRECTOR. 220 SIGNATURE ATTENDING M.D. 22c PHYS CIAN S 22d ADDRESS NAME (Type FUNERAL 25a. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE VR A15 (4) DATE 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



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Page 4

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TENDING PHYSICIAN. The faw requires that the death certificate be executed within 24

	N 1	19	- :	CERTIEN	~~ IL	OI DEATH	<u> </u>			1 4 3 30 14
i	PLACE OF DEATH				2	USUAL RESIDENCE (Who	ere deceased ived	If institution	n on Residence be	efare adm ss on)
	a. COUNTY Ra	ltimore		MARYLA	ND	Maryl:	and	. COUNTY	Paltin	(.re
	b CITY OR TOWN (If RURAL and give ner	outs de corporale im	ls write	c LENGTH OF STAY IN	1Ь	C CITY OR TOWN (IF o.	utside carporote l'in	nits write RI	URAL ond give	hearest lown)
	Spark			Life	1	Sparks				
	d NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
		Sparks Ma	ryla	and		Sparks		and		AE2 🔯 NO 🔲
3	NAME OF DECEASED	Fr	S *	M dd €		Last	4 DATE OF	Mont	th	Day Year
	(Type or print)	LeRoy	7			St d uffer .	DEATH	. 5-	13	19 61
5	SEX	6 COLOR OF PACE	7 MARR	ED 🔲 NEVER MARRIED	□ B [DATE OF BIRTH	9 AG		Months Day	AR IF UNDER 24 HRS
	Fale	White	WIDOWE	D D VORCED [9-29- 138	7. 23	yrs	1 womas Day	s i ridurs min
100	during mast of works	N (Give kind of work o	done 10b	KIND OF BUSINESS OR I	NDUSTR	T 11 B RTHPLACE (State of	or foreign country)		12 C T ZEN	OF WHAT COUNTRY?
	Labor	-		Farm		Marylan	d		Į, Į,	.5.A.
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			
	UNKNOW	N				UNKNOWN	_			
		IN U.S. ARMED FOR		SOCIAL SECURITY NO	17 INFO	RMANT		Addr	ess	
	nb		21	17-22-8019	_Al:	ice Hidey	_Spark	s. Ma	aryland	j
	IB CAUSE OF DEAT	TH {Enter only one co	use per lin	ne for (o), (b), and (c)]						NTERVA BETWEEN
		TH WAS CAUSED BY IMMEDIATE CAUSE (6)	Coronan	0	cet min			J	I SEL TITO DENTI
	4500	*		0						
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	lying couse lost	he under-	A.	Op. m.	^y 3	ales Cons.	23 Wroman	the !	Laurence	
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CERTIF.	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b DESC	RIBE HOW INJURY OCC	LRRED (Enter nature of in ury in P	ort For Part II of i	tem 18)		
WEDI DAL	20c T ME OF INJURY Hour o m	Month, Day Yes	While	Nat while		OF INJURY (Home farm y street office bldg etc		vn)	4x 20ml	ty (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where do sell dived if institution Resilience e COUNTY a STATE Maryland Baltimore MARYLAND c. UITY OR TOWN, If outside corporate I mits, while RURAL indiges b CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Fort Howard Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street eddress, d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? NO X Veterans Administration Hospital 9 E. Centre Street 3 NAME OF DECEASED OF (Type or print) DEATH FREDERICK STECKER 6. COLOR OR RACE 7 MARRIED THEVER MARRIED B DATE OF BRITE 9. AGE IN S IF UNDER LYEAR & UNDER last birthday WIDOWED & DIVORCED July 3, Male 10a U. HAL OCCUPATION Give kind of work 106 KIND OF BUSINESS OR INDUSTRY THE ERTHPLACE BY & SHEEK CON TO BY 11 HIZEN OF WHAT DUNTRY? don during most of working life, aven il refired Gas Maker Gas & Electric Co. Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Grief John L. Stecker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SUCIAL SICURITY NO 17 INFORMANT (Yes, no or unknown. (If yes nive we condetes of service Clinical Records, VAH, Baltimore 18, Maryland HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for a book CHSET AN ATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE 2 WEEKS IMMEDIATE CAUSE . DUE TO ARTERIOSCLEROTIC HEART DISEASE UNKNOWN Conditions, if my which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 19 WAS AUTOPSY PERFORMED? 1. PUIMONARY TUBERCULOSIS MODERATELY ADVANCED, ACTIVE - Duration Unknown
2. Benign prostatic hypertrophy.

20. ACCIDENT WAS UNDERLYING
20. DESCRIBE HOW INJURY OCCURED Enter nature of injury in Part Los Part II of them 15
OR CONTRIBUTING II CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) NO. 20d. INJURY OCCURRED , 20e PLACE OF NJURY (Home, form 2Df , City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.] Not While While Hour B.m. at work | et work 21 I certify that OK (this hospital) attended the deceased from May 22..... 1961 to May .25 , 1961, that (x) (we) last 1961, and that death occurred at. $\mathfrak{p}^{\mathsf{T}}$ M, from the causes and on the date stated above. saw the deceased alive on May 220. SIGNATURE 226 DATE /26/87 ATTENDING STAFF D RECTOR PHYS PHYS PHYSICIAN'S 22d ADDRESS . CRAHAN, M.D. VAH.BALTO.18,MD.,FT.HOWARD DIVISION 23a, BURIAL, CREMATION | 23b. DATE THEREOF , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county (State) REMOVAL (Specify) Baltimore National Cemetery Baltimore Marvland Burial REALY REGISTRAR 256 REGISTRAR S S GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur & thrown Wm. Cook-Blight, Inc., 6009 Harford Rd. Balto. 14, Mithau

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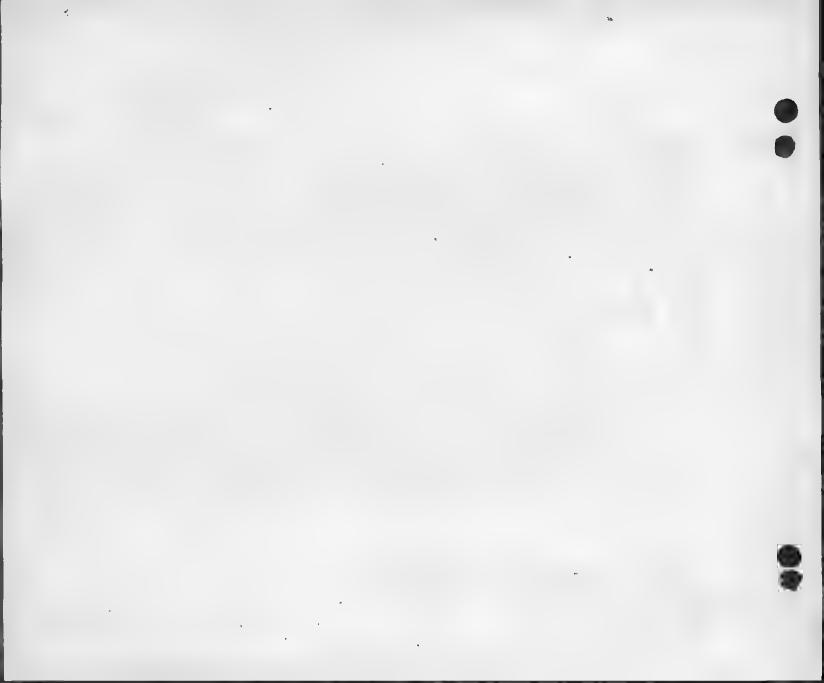
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death cer thending p please rer		18 CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c)]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH
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ENDING he haspi R: After ached fo		21. I certify that I attended the deceased fram / 196 to find 1 last saw the deceased alive an 1 may 30, 196 f, and that death accurred at 6, M, fram the causes and an the date stated above
DIRECTO Id be det prior to		ACTUAL SIGNATURE (11) 7 rance MD Farholon Jud. 5/30/64.
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TO HOS		220 BUR AL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 1 22d LOCATION (City Iown, pricaunty) (Stole)  REMOVAL (Specify) 3-6
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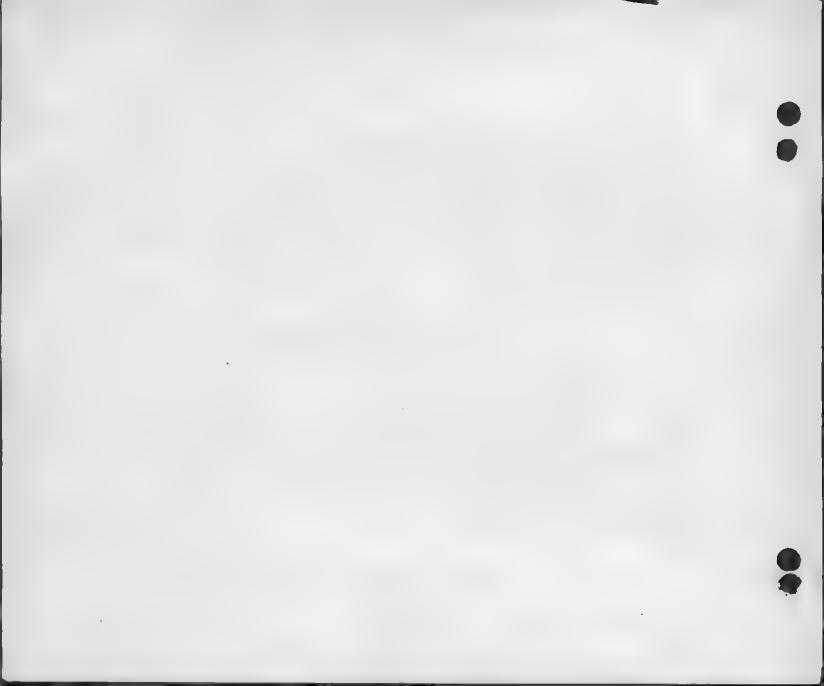


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE Where deceased liver I institution R in 1 minutes and 1 PLACE OF DEATH a. COUNTY b. COUNTY Baltimore MARYLAND Marvland Baltimore bi CITY OR TOWN , floutside corporete limits, c LENGTH OF STAY IN 16 a CITY OR TOWN (It autsida corporata limits, write RURAL | d ; write RURAL and give gearest town)
Baltimore 12 Baltimore 12 d. NAME OF HOSP TAL OR INSTITUTION I not in hosp ta, give street eddr iss d STREET ADDRESS IS RESIDENCE ON A FARM? 143 Hopkins Road 143 Hopkins Road YES I NO X completely NAME OF DATE DECEASED Charles B. Stewart-Patterson DEATH May (Type or p. of) and co 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BRTH 9. AGE (In year IF UNDER I YEAR IF I NEER OF HRS. east birthday) Months Days male WIDOWED DIVORCED J.n. 20. 1876 the SUAL OCCUPATION (Give kind of work 10b KIND OF BUS NESS OR NOUSTRY 1. . 7 M.A.E. Comm. R. fragm country done during most of working life, avan fratired. Canadian Govern- Isle of Jersey, Britian physician 12 CITIZEN OF WHAT COUNTRY? firaign country Great Britian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Stewart-Patterson Nina Oliver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17 INFORMANT Ad drass (Yas, no, or unknwn) (Ifyasgivewarordatesofservica) Grace Stewart-Patterson, 143 Hopkins Road INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), I ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 0 64 IMMEDIATE CAUSE (8) 4 . . . DUE TO Conditions, if any, which cava risa to immadiate causa DUE TO (a), stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAL A TOPSY o 또 j PERFORMED? YES NO 1 hospit use 208 ACC DENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part I of itam ID 눱 County: Stale 20c TIME OF INJURY Month, Day, Year 2Dd., NJURY OCCURRED 2De PLACE OF INJURY Home farm 2Df City or town factory, streat, office bldg., atc.) Not Whila While at work at work p.m. 1955, to . 5 / ... 6 , 196 (that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1961, and that death occurred at \$ 1.M., from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATORE SIGNED ATTENDING DIRECTOR T PHYS M.D PHYS. 22a PHYSICIAN'S 22d. ADDRESS 23d LOCATION (City fown or county) 23a. BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL [Specify] A FOB Baltimore County BURIAL Dulancy Valley Memorial 25a REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Vm. Jook-Towson, 1950 York Road, Towson 4, Md 15M 9/40 DATE MAY 3.1 Orthur & Health



MARYLAND STATE DEPARTMENT OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY IS COUNTY Baltimore MARYLAND Mary land
c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate I mils. c. LENGTH OF STAY IN 16 write RURAL and give necrest town) Bal timore Fort Howard 13 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? h18 S. Monroe Street-23 Veterans Administration Hospital YES . NO X 3. NAME OF 4 DATE DECEASED OF DEATH MAY .Type or print. FRANCTS 9 AGE IN YEAR IF UNDER LYEAR IF UNDER 24 HRS 6 COLOR OF RACE 7 MARRIED TO NEVER MARRIED TO 8 DATE OF BRIM lest birthdey) ( Months Deys Male WIDOWED [ DIVORCED X June 15, 1911 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired) roduce Baltimore, Maryland U.S.A. Truck Driver 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anthony J. Stilling
Theresa Schallezky
Blvd. Balto 18, Md-FORT HOWALD DIVISION WW -11 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DE PART I. DEATH WAS CAUSED BY: CARCINOMA OF ESOPHAGUS WITH WIDESPREAD METASTASTS IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying PIRE OF ANY CONTINUE OF THE PROPERTY OF THE PR CERTIFICATION Esophagoscopy and Bronchoscopy with tissue biopsy 5/11 200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW NOTRY WELL Enter negate from My Fart 5/Part of Contributing 1 Cause of Death 1 1, fe either, Notify Medical Examiner YES NO T 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg. etc.) While ___Not While el work et work 21 I certify that  $\chi$  (this hospital) attended the deceared from May 8 o May 21. , 19..61 that (We) last 22h DATE 22e. SIGNATURE DRECTOR IN PHYS | May 21,1961 22c. PHYSICIAN S 228 ADDRESS NAME (Type) VA Hospital, Fort Howard, Mary land 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION City 154% & 68 CHS 238, BUR AL CREMATION 236 DATE THERE DE REMOVAL Specify) Baltimore National 6009 Marford Road Baltimore 250 REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Baltimore 17. Md. DATE MAY 24'61 William Cook-Blight, Inc. all of theres

MARYLAND STATE DEPARTMENT OF HEALTH

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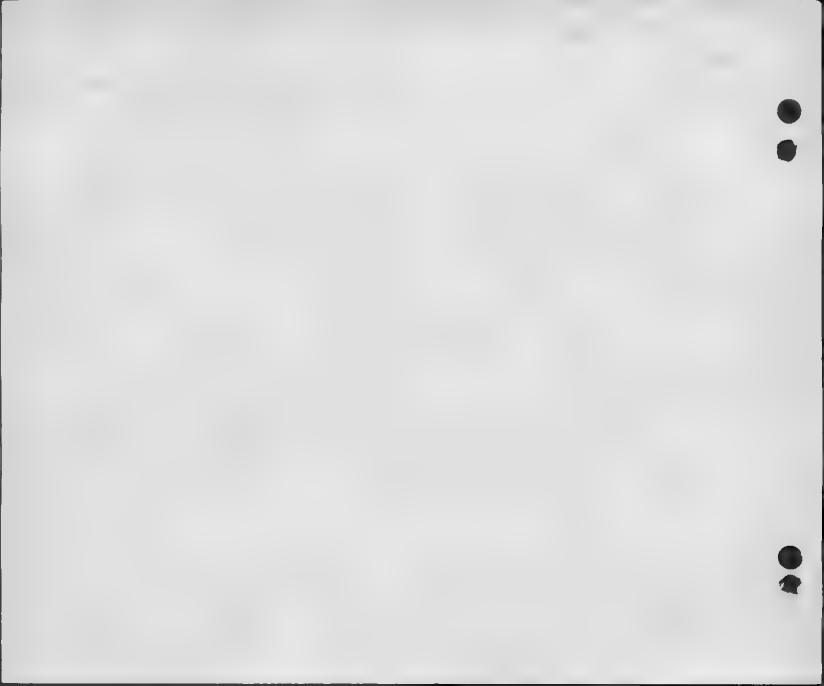
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

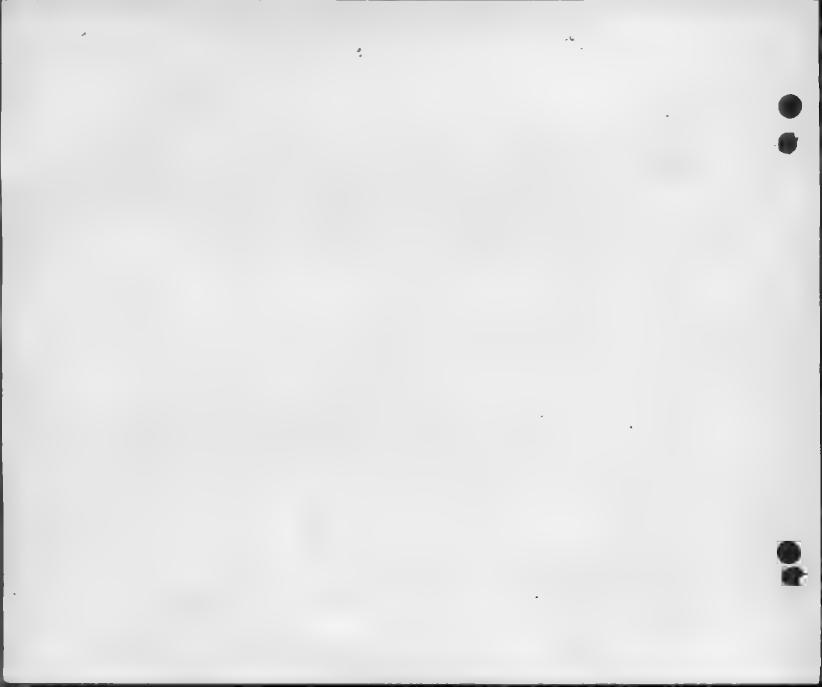
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before ad COUNTY Baltimore MARYLAND ACCOUNTY Baltimore MARYLAND MARYLAND ACCOUNTY Baltimore

	PLACE OF DEATH		2. USUAL RESIDENCE (Wha	re dacassad lived, If institution	na Residence before admission)
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	b. CITY OR TOWN (it outs de corporate I m ts write RURAL and give nearest town) RUISTERSTOWN	c. LENGTH OF STAY N 16	Sparrovs	Point	digns of 2 Sewer
ı	TOP TO TOTAL OR INSTITUTION (F TO	n hospital, give street address	d STREET ADDRESS	1 03210	» IS RESIDENCE  ON A FARM?
	Bent Nursing Home	1	502 F St:	reet	YES NO X
	3. NAME OF First DECEASED	Middle	Last 4. DA' OF	TE Month	Day Year
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	1 7 70	DOWED DIVORCED MAN 10b. KIND OF BUSINESS OR INDUSTRY	7 11, 1885 II BRTHPLACE COUNTY & State	75 yrs a priforeign country: 12 G	LITIZEN OF WHAT COUNTRY?
		Bethlchem Steel Co	Pennsylvan	ia	U.S.A.
V	James M. Stimeling		Henrietta Lyter		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES. (Yes, no, or unknown) (lifyasgivewerordalesofservice) Yes 1.908-1911	)	FORMANT 439	Jackson St. C	amden-4, N.J.
ı	18. CAUSE OF DEATH (Enter only one cause				I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6)	cgrittat R	morrhage		3 hour
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	zaus last (c  Z PART ! OTHEW SIGNIFICANT CONDITIONS	S CONTR B. T.M. TO ZEATH BUT NOT	RELATED BOTHE TERMINAL DISE	ASE CONDITION GIVEN IN PA	ART 1 19 WAS AUTOPSY
	To home significant constraint	all hip -	Tofferwing	and	7 YES! I NO 73
1	# 268 ACC DENT WAS INDERLYING 206	DISCRIE HOW INTURY OCCURED.	Enter natura of in ury in Part of P	Part II of stem 18	here
١	S   IF EITHER, NOTIFY MEDICAL EXAMINER)	2Dd INJURY OCCURRED 2De PLACE	FOEINLURY Hume farm 20f	City or lowe	ounty Sorta)
	Hour a.m.		y, streat, office bidg , etc.,	L.	
	21. 1 certify that (I) (this hospital)	1 1	6 14		y that (I) (we) last
	saw the deceased alive on 3, 7 /	19 , and that c	leath occured at	from the causes and or	
	228 S GNATURE	Mall .	ATTENDING MED DIRECTOR	STAFF	276. DATE/ SIGNED
	22c PHYSICIAN S NAME/(Type) AMES	J. Saltei	22d. ADORHS	2 Kt Tow 1	V. W.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)	2 Control of Control of		LOCATION City town or cou	Inty State
	Burial 5/5/61	'Baltinore Natio		Ltimore, Md. Egistrar 256, registrar	— — — — — — — — — — — — — — — — — — —
	Ullrich Puncral Home Dur		MAY 4		.7



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH a COUNTY a. STATE **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate I mits write c. JENGTH OF STAY, N. 16. c CITY OR TOWN (if guillage comprote limits, write RuRAL and give negrest 'own) RURAL and give nearest town) 23 daus d NAME OF HOSP TAL (If not in hosp tal, give street address) A S RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? YET NO NO NAME OF M ddle DECEASED Pearl death (Type or print) 9 AGE ( " years I.F NDER 1 YEAR IF INDER 24 HES 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 5 SEX last birthday) Months Days Hours W DOWED [ 늉 Oa USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) COLGOR MILL Mechine operator 13 FATHER'S NAME 15 WAS DECEASED EVER IN US-S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) offe DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last PART I OTHER SIGNIF CAN LEONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 19 WAS AUTOPSY PERFORMED? YES TO NO TO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I & Port II & item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOT FY MEDICAL EXAM NER, 20c TIME OF INJURY Month, Day Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home form | 20f (City or town) (Stote) factory street office bida, etc.) Haur a m While Not while at work at work ... 19 6/ that (I) (we) ast 21 I certify that (1) (this hospital) attended the deceased fram... , and that death accurred at saw the deceased alive on M from the couses and on the date stated above DIRECTOR: 220 SIGNATURE PHYS DIRECTOR 22s PHYSICIAN'S FÚNERAL DIR 22d, ADDRESS NAME (Type) ...D. Swerinterdent. who will be to the section of the contract of 270 BUR AL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City flown or conty-REMOVAL (Specify) ATT S/4 CECTHERAIN CHANGE o 250 REC'D BY REGISTRAR 25% REGISTRAR'S S -MATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9'S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Anne 'runcel

12 C TIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES X NO

.Stote1

22b DATE SIGNED

Chilling & Heart

e. IS RESIDENCE

ON A FARM?

YES NO T

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PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) COUNTY a STATE b COUNTY Baltimore Laryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town RURAL and give nearest town) 23vrlOmth2Ldv Onto ville Dovidsonville, Mary and d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR NSTITUTION GHO W STATE HOSPITAL 3 NAME OF 4 DATE First Middle Last DECEASED Stockett Emma **CEATH** (Type or print) 9 AGE (In years IF UNDER LYEAR FUNDER 24 HRS Dec. 31. 5 SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARR ED 8 100 yrs Months Doys female white WIDOWED IT DIVORCED [ 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 1 BIRTHPLACE (State or fareign country) during most of warking life, even if retired) unknown Maryland own home hr us cwi 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME unknown unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wer or dates of service) none हार का र Records: unk (wn uni acum 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] PART I DEATH WAS CAUSED BY Terminal bulm now thrembosis and inforction MMEDIATE CAUSE (a) DUE TO clerotic card vascular disease Candi ons if any which gave rise to immediate **DUE TO** cause (a), stating the under-Generalized arteriosclerosis PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1,0 19. WAS AUTOPSY Gangrene of the left leg 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or town) factory, street, office bldg., etc.) Hour o. m. While Not while at wark of wark 21 I certify that ( ) (this hasp'ta ) attended the deceased fram. July 1 ta 1'ay 43 19 97 that (I) (we) last saw the deceased alive an 1.2y and that death accurred at D. M. fram the causes and an the date stated above 220 SIGNATURE ATTENDING D RECTOR [ ] 22¢ PHYSIC AN'S 22d ADDRESS 1 pm NAME (Type) Stella Wachsler, M. D. <u>Catonsville 28. Mrryland</u> 23a BUR A. REMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or county) BUTTAT (Specify) 27, 1761 All Hallows Cemet ry Bavidsorville. Maryland 24 ELMERA. DIRECTOR'S'S GHATURE 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

'Arnarc'is, Maryland

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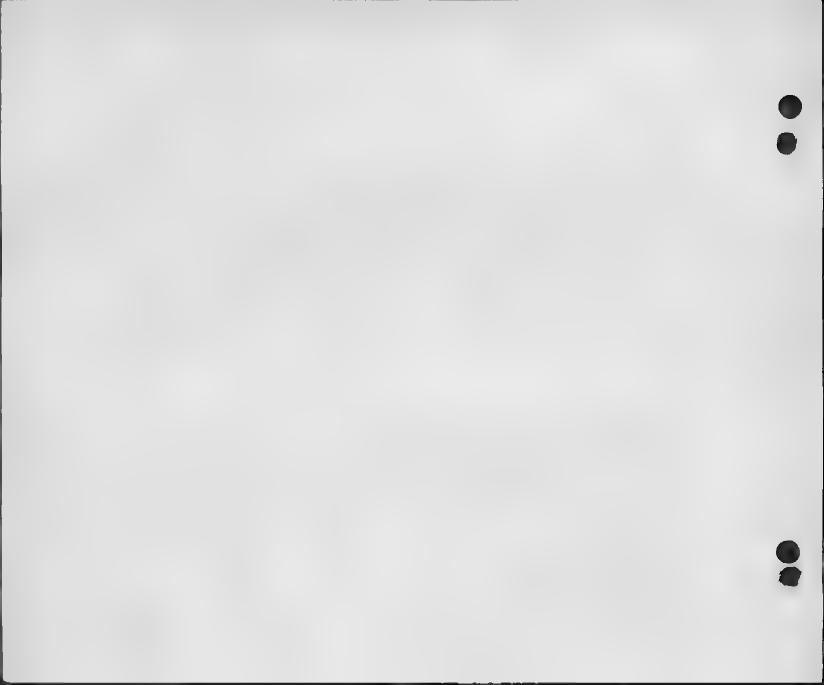


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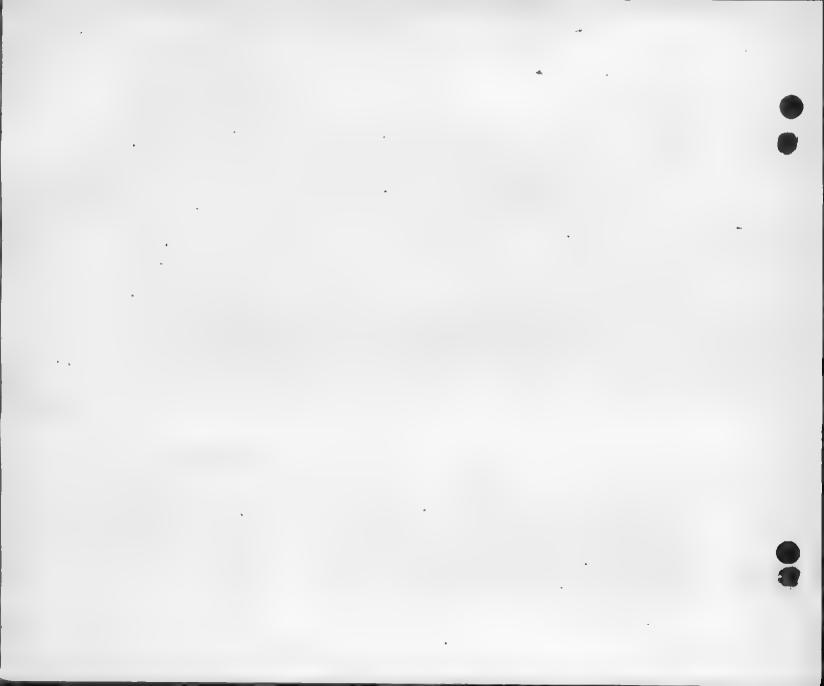


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7 . 5	CERTIFICATE OF DEATH Reg Dist No 115352
Page director	1. PLACE OF DEATH  a COUNTY  DA L+1 MOPL  MARYLAND  2 USUAL RESIDENCE (Where deceased lived it institution Residence before admission) b. COUNTY  b. COUNTY
funeral unid be	b (It of TOWN (If autside corporate lim is write c LENGTH OF STAY IN 1b c CITY OF TOWN (If autside corporate lim is write RURAL and give neares) town, and the state of the st
by the	d NAME OF HOSPITALHER ON IN hospito a ve street oddress)  d. STREET ADDRESS  ON A FARM YES NO THE 1404 NAM SAY  ON A FARM YES NO THE STREET ADDRESS  ON THE STREET ADD
in 24 ho filed or ges 1 au	3 NAME OF DECEASED TO THAT ER DEATH MAY 10 1961
od with	TENIALE WIDOWED DIVORCED   15 FE 6 1867   9 AGE (in years   FUNDER 17 EAR IF UNDER 24 HRS   10st burlody)   Months   Days   Haurs   Min.
execute nd com sn pape death.	100. USUAL OCCUPATION Cone kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fore an country)  12 CITIZEN OF WHAT COUNTRY?
cate be	CONRAD DILL CLIZOCETH -
ng phys e remov 72 hau	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO NEGRMANT & BAPLEY 306 SIL MOR ST. NO NE SILLIAN M. EAPLEY 306 SIL MOR
aftendin pleas	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  A Conclination  A
that the by the t The	DUE TO
equires algned I permi d in on	gave rise to immediate couse (a), staling the under-
ohysicia ss been al transi	PANT II OTHER SIGN FICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE COND TION GIVEN N PART 1/c 19 WAS A JOPSY PERFORMED?  A LILL L CJ JULY L CKB YES NO Y
AN: The anding pricate he burn	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part of Part 1 of Item 18, OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI all or other his certification, use as temation,	20c TIME OF INJURY Manth Day Year 20d INJURY OCCURRED Haur a.m.    White   Nat while   State   Factory, street, affice bldg   etc.
haspare After t hed for rial, cr	21 I certify that I attended the deceased from 4/20, 1961, to 5/10, 1961, that I last saw the deceased alive an 2/2, 1961, and that death accurred at 2/29M, from the causes and an the date stated above
ECTOR:	ACTUAL COST COMO A DS - A VR
AL DIRECTOR	PHYSICIAN'S CLIFF RATCIFF SR BALTO 29, md
HOSPI	220 SURFA. CREMATION, 27h DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY). 22d LORD ON ICITY Jown or country (Specify) 13 MAY 1961 WESTERN EM 194 LTO MIL
Q = Q = = VS A1S (4) 15M 9/58	23 KL NEPA DIRECTOR BICKATURE  ADORESS



14	CERTIFICATE OF DEATH  Reg. Dist. No. U. 25.
NZ.	PLACE OF DEATH   7   1/2   1/1/2   C   MARYLAND   2 USUAL RESIDENCE (Where deceased I ved   f institution   Residence betare-admission)
( 141	b. CITY OR TOWN (If ourside corporate limits, write C LENGTH OF STAY IN 16 C CITY OR TOWN (If ourside corporale limits, write RURAL and give nearest lown)
X	d NAME OF HOSP TAL (If not in hosp to give street address) OR INSTITUTION OR INSTITUTION  ON A FARM? YES NO
	NAME OF DECEASED (Type or print)  A DATE Month Day Yeor OF DEATH DEATH  OF DEATH  19
	5 SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED & B DATE OF BIRTH   9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HR.   WIDOWED   DIVORCED   7 - 7 5 - 7 6   Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign cauntry)  12 CITIZEN OF WHAT COUNTRY during most of working life, even if refired)
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MAIDEN NAME  16. MAIDEN NAME  17. MAIDEN NAME  17. MAIDEN NAME  17. MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MAIDEN NAME  19
	IS WAS DECEASED EVER N J S ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT [Text no or unknown] (If you, give wor or doles of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a). (b). and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  OLOMAN DECEMBER  ONSET AND DEATH  ONSET AND DEATH
	Condition if any white DUE TO Tested in Arles one - 10 40 %.
	gave rise to immediate couse (o), stating the <u>under-lying couse lost.</u> (b)  (b)  (b)  (b)  (c)
	PART II OTHER SIGN FILANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1: 19 WAS ALTOPS' PERFORMED? YES IN OIL
غبر	20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in ary in Part of Part II of Item 1B)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Day, Year 20d NJRY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f City or town) (County)  While Nat will be pure.  The pure of the pure o
	21 I certify that I attended the deceased from
5	alive on form the couses and on the date stated above ADDRESS (Street c by grigory state)  ACTUAL SIGNATURE  ACTUAL SIGN
j g	PHYSICIAN'S Thanles H. Teier 6701 Van & Ted To 1+1more 12 1/10
	220 BUR A. TREMAT ON 225 OATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 COCATION (C by town, or county) (State)
	23 PLNERAL DIRECTOR & SIGNATURE ADDRESS 240. REC D BY REGISTRAR S SIGNATURE
	DATELAY 19:01 C 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

IS RES DENCE

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YES | NO

Day

THE UNDER TYEAR FUNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMEDS

YES NO D

22b DATE SIGNED

that (I) (we) last (المرتب) 19.

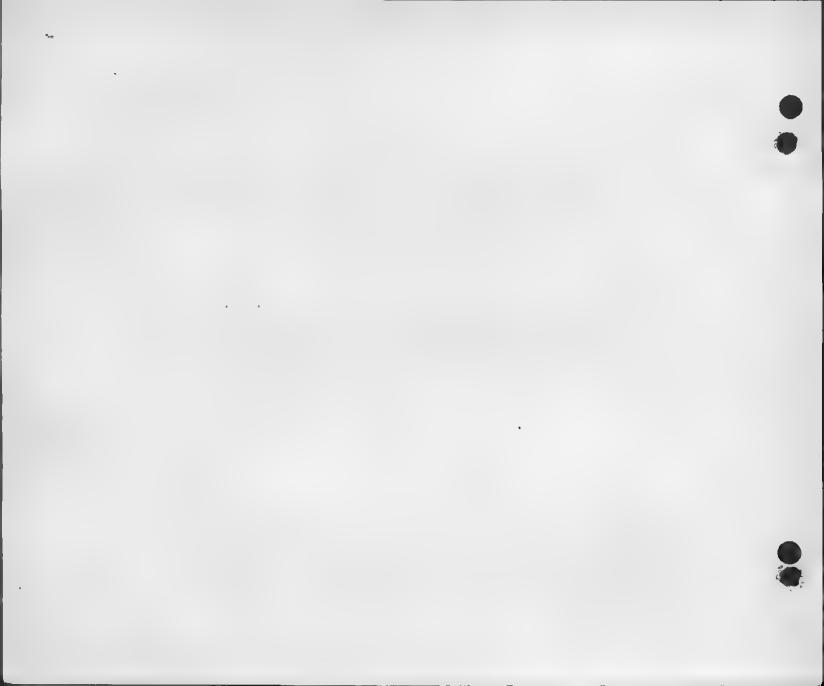
(State)

Months

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved - If institution, Residence before admission) o. COUNTY **b.** COUNTY MARYLAND RINCL= CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY N 16 c CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL ( finot in hospito ig ve street address) d STREET ADDRESS OR INSTITUTION 3 NAME OF First Middle DATE Month DECEASED Pages death (Type or print) DEATH B DATE OF BIRTH 5 SEX 6 COLOR OR RACE 9 AGE (In years MARRIED NEVER MARR ED lost birthda after WIDOWED | DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 & RTHPLACE (State or fore an country) haurs pap during most of working ife leven if retired) -111111E 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SAMUEL 176.6 E 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (If yes give wor or dates of service) lus pital CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Š Conditions, if any, which (b) Ĕ gove rise to immediate gne **DUE TO** couse (a), stoting the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALID SEASE CONDITION GIVEN IN PART 19 WAS AUTORLY has 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II or item 18) 20g ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month. 20e PLACE OF NURY (Home form, 20f. (City or town) Day, Year 20d INJURY OCCURRED factory, street, office bldg. etc 1 Hour o. m While Not while al work at work P. m haspita After thi 21 | certify that (1) (this haspital) attended the deceased fram.... to 🚅 detached and that death accurred of 10 M, fram the causes and on the date stated above saw the deceased alive an DIRECTOR 220 S GNATURE ATTENDING MED DIRECTOR TO þ PHYS 22c PHYSICIAN'S 22d ADDRESS shauld NAME (Type) o FUNERAL F page 3 sh the State 230 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION REMOVAL (Specify) A L FUNERAL DIRECTOR'S SIGNATURE 250 REGID BY REGISTRAR w, and Mc xJ MG YE

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-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
M.	5363 CERTIFICATE OF DEATH Reg. Dist. No. 7.5355
* 1	1 PLACE OF DEATH O COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) O STATE  The property of the country
Tel	CCITY OR TOWN (if outside corporate limits, write CC LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSP TALL I not in hospitol, give street oddress)  d STREET ADDRESS  VES IN RECTORDED  ON A A METALLINE STREET ADDRESS  VES IN RECTORDED  ON A A METALLINE STREET ADDRESS  VES IN RECTORDED  ON A A METALLINE STREET ADDRESS
7	3 NAME OF DECEASED (Type or print)   State   Part   Death   Doy Year   DEATH
	S. SEX ] 6 CQ. OR OR RACE 7 MARRIED NEVER MARRIED   B DATE OF BIRTH   9 AGE (In years IF UNDER 24 HR. WIDOWED   DIVORCED   D' 2 . ]], ] 1 ] 9 AGE (In years IF UNDER 24 HR. Manihs Days Hours M.n.
	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (Stole or fareign country)  12 CITIZEN OF WHAT COUNTRY  13 OF 1
T	13 FATHER'S NAME Theodore T. Beery Isabelle Paul
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address  IVENTO WILLIAM TO THE PROPERTY OF SECURITY NO. 17 INFORMANT ADDRESS TO THE PROPERTY OF THE PROPERTY O
	18 CAUSE OF DEATH [Enter only one couse per lane for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: ONSET AND DEATH
	1 July Due to 7 to day
	Candillons, if any which gave rise to immediate couse (a), stoting the under-
	Part II OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
v	TES NO F  20a ACCIDENT WAS UNDERLYING D  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH  [If EITHER, NOTIFY MEDICAL EXAMINER]
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED And INJURY (Home, form 1201 (City or town) (County) (Stale)  While Not while factory, street, office bldg etc.)
	21. I certify that I attended the deceased from may 3, 1961, to may 23, 1966, that I last saw the decease
	alive an
	PHYSICIAN'S NAME (Type) JULY V. CORW 24 40
	220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (Store)
	23 FUNERAL D RECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



**CERTIFICATE OF DEATH** Reg Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY b COUNTY . plfi ore Paltimore Marvlar i MARYLAND b CITY OR TOWN. If outside carparate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) deisterstown d NAME OF HOSPITAL (if not in hospital give street address) d STREET ADDRESS # IS RESIDENCE OR INSTITUTION ON A FARM? Glen Falls Road Clen Falls Road YES NO NAME OF 4. DATE Middle Day DECEASED Harry Vinton Whler (Type or print) 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 SEX 9 AGE (In years IF UNDER 1 YEAR IF I NDER 24 HRS Days Hours Malle *I*hit.e W DOWED T DIVORCED [ 10a USLA, OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State at fare girl country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? ifarylani Retired pub 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME E S Mary Reyland Andrew J. Whler physici 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Mrs. Parl Purham, Finkshurg, lone (D) othendin 1B CAUSE OF DEATH [Enter only one cause per Jife for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 1211.1 DUE TO Canditians, if any which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19 WA ALTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) ‡ 20c TIME OF INJURY Month 20e. PLACE OF INJURY (Home, farm (20f. (City or lown)) Day, Year 20d INJURY OCCURRED (Caunty) Hour a m factory street, affice bidg , etc.) Whie Not while at work at wark ___ to__Zerrage at 7 , 1954, that I last saw the deceased 21. I certify that I attended the deceased from 1/4 , 196 , and that death accurred at Ilital M. From the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city of Jown, state) ACTUAL SIGNATURE FUNERAL 3 shoul gistrar PHYSICIAN'S NAME (Type) 22d BURIAL, CREMATION 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown or county) (State) _ REMOVAL_(Specify) alti.org uris. mory Cemeters 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE J.T. line & Sons, Reisterstown, VS A15 (4) Chains of Hand TSM 9/58 161

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

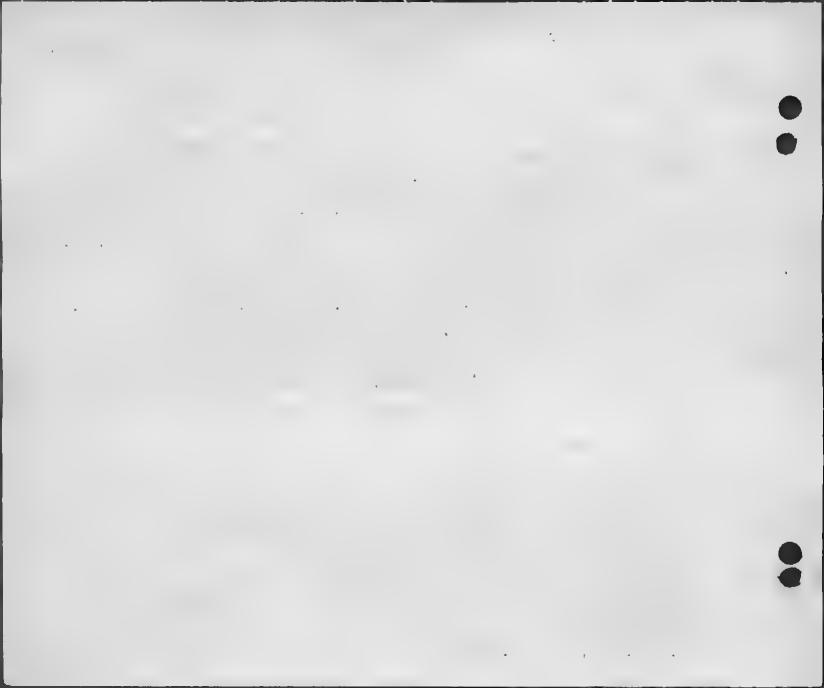


STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE Where deceased by a finitual a. COUNTY MARYLAND b CIYOR TOWN (if e.ts de corporale imits, CLENGTH OF STAY N 16 write RURAL and give nearest town) d NAME OF HOSP, TALLOR INSTITUTION If not in hospital, give street diese TREST ALDRESS 3. NAME OF DECEASED (Type or print DEATH 9. AGE (In years IF CHOEP YEAR I The SK 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DIVORCED T 10a USUAL OCCUPATION Give kind of work I' IT ZEN DE WHAT LOUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME (Yes, no. or unknown' (Ify sg veweronds' ofservices' Address 18 CAUSE OF DEATH ["mer by one cause per le ter bis d MLET HOLDEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** and Cardia Vaccular Discare gave rise to immediate cause DUE TO (a), stating the underlying ceusa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 199, WAS AUTOPSY PERFORMED? 20%. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN URY OFFURED. Enter nature of in any in Part I or Part II of from " OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, You. 2Dd. INJURY OCCURRED., 206 PLACE GF. NJURY , Homes, farm, , 2Df - City or 1 wor. factory, street, offica bldg., atc.) While __Not While 11-15-1943 10 5-2-1967, that (I) (%) last 21 I certify that (I) (this hospital) attended the deceased from 5-6+ 1961 and that death occured at 3 / M, from the causes and on the date stated above saw the deceased alive on 22a SIGNATURE DIRECTOR PHYS O FUNERAL 1 director, page 3 be filed with the 22d. ADDRESS PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, 23b DATE THEREOF 23d, LOCATION (City, lown or county) REMOVAL (Specify) 24-FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where dechased I vad IP institution, Risidon a * a. COUNTY b, COUNTY Dall & day a see 9 7 Y li ry MARYLAND by the and 2 death. b. CITY OR TOWN | flouts de corporet : l'mits E. LENGTH OF STAY N 16 CITY OR TOWN If ourside up ara limits, while RUKAL write RuRAL and giv nearest town .= = Baltimore filled in Pages d NAME OF HOSPITAL OR INSTIT TON IT TO TREET ADDRESS a IS RES DENCE ON A FARM? YES INO IT etely 3. NAME OF ıddle 4. DATE Month (Type or print) OF DEATH 5. SEX 8 DATE OF BIRTH 9 AGE IN YEAR IF JNOER TYER ER MARRIED IX ast birthday D VORCED 10a. USUAL OCCUPATION (Give kind of work T'S KIND OF BUILDESS OR INDUSTRY IN . . HE ACE . . . . A at Early HEAVY. 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) La read of the brays e attending ph Then please r ovat, and in a 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME George Wallace Katie M? 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 14 50 AL SECURITY NO 1/ INFORMANT Address removal, (Yas, no, or unkown) (Ifyesgivewarordatesofservica) 7-7732 18 CAUSE OF DEATH [[nierthing of cook not the de I INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS GASSED STORY IMMEDIATE EXHIST . I. Condi ons, if any which gave rise to immediate cause. [a], stating the undarlying cause last PART IS OTHER SCHOOL AND LONG TONTHISE IN I PERFORMED? 200 ACCIDENT WA UNDERLY NO LOB DESURBEHOW NOURY . . ED OR CONTRIBUTING IT CAUSE OF DEATH After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER, 20c. TIME OF INJURY Month Day Yes-20d INJURY DICURRED . CACE O IN URY IN NO 15 DIRECTOR: Afre 3 should be detach While Not While factory, street, offica bldg., atc.) Hour a.m. at work Bt work p.m. 21. I certify that I (this hospite) at ended the decembed from . It the (l) (we) ast saw the deceased alive on Land y ... ... 19 (2) and that death occured at ... M. from the causes and on the date stated above. 228 SIGNATIONE / MED. STAFF FUNERAL rector, page 3 e filed with th 22c PHYSICIAIS'S 22d. ADDRESS 238 SURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR TREMATORY 23d LOCATION by town or us offer REMOYAL (Specify) 04027 -24 FUNERAL DIRECTOR S SIGNATURE 258 REC D BY REGISTRAR 256 REG TRAR SIGNATURE VR A15 (4) 15M 9/60 V

AND STATE DEPARTMENT OF HEALTH



ey, please ever TO DEPUTY VEPUTAL EXAMINER. This certificate stauld be executed within 24 haurs after death. If any delt is necessary, please executed the total standard pending the world "pending" in pendin 16 m 18. Give Pages 1, 2, and 3 to the funeral standard to 4 should be forward. Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your.

		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Dist. No. [1" 264
	1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If Institution Res. COUNTY  AMARYLAND  O. STATE  b. COUNTY	dence before admission)
(M		C. CITY OR TOWN III outside corporate limits, write BURAL or pard que negret lawel.	and give nearest town)
		I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d STREET ADDRESS	ON / FARMS
	1	NAME OF DECEASED First Middle Lost 4 DATE Month OF DEATH	Day Year
	5. !	6. COLOR OR RACE 7. MARRIED 1 B DATE OF BIRTH (Significance) (Sign	ER TYFAR, IF UNDER 24 HRS
	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 Cl  Usual OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 Cl  P  17 7 4	TIZEN OF WHAT COUNTRY
T	13.	FATHER'S NAME  Class of the second se	
**************************************		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT  Output Unknown)   If yet, give well of doles of service)   7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	. n
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  A Mar 1 (C)	ONSET AND DEATH
		Conditions if any, which (b)	So day
		gove rise to immediate cause (a), stating the underlying cause last.  [c]	C1 11 1
	CATION	PART I , OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CERT FI	20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCR.BE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part of Item 18)	
	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d IN,URY OCCURRED 100 PLACE OF INJURY (Home, form, 20f. (City or lown) (C While ot work ot work ot work	County) (State)
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquidenth resulted from: Natural couses Accident, Suicide, Homicide, Undetermined cause [	
		ACTUAL SIGNATURE WILL CLEUS M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S TACK @ @///15 DEPUTY MEDICAL EXAMINER D	5-21/
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county, REMOVAL Specify)	) (State)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246, REGISTRAR'S S	SIGNATURE " 3, 24
		LANE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, writec. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest him). RURAL and give nearest town) d NAME OF HOSPITAL (final in hospila, give street address) E IS RESIDENCE OR INSTITUTION ON A FARM' YES NO T M ddle OF DEATH (Type or print) 19 0 6 9 AGE ( n years IF UNDER 1 YE R IF NOER 24 HRS 6 COLOR OB RACE 7 MARRIED NEVER MARRIED 1 B DATE OF BRTH lost builthday) Months Days DIVORCED T WIDOWED [ 12 C TIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) a during most of working life leven if retired)-13 FATHER S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? 14. 17 INFORMANI 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, Which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NORTHOUSE AS AUTOPSY PERFORMED? 206 DESCRIBE HOW ANJURY OCCURRED (Enter nature of injury in Port I or Port I of stem 18) 200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or fown) 20c TIME OF INJURY Month, Doy, Year, 20d INJURY OCCURRED foctory, street, office bldg , etc.) Hour o. m. While Not while of work of work p m 19 5 / to 19 that (I) (wer last 21 I certify that (I) (this haspital) attended the deceased from 2 19 21, and that death occurred at 10 m from the causes and an the date stated above saw the deceased alive an 220 S GNATURE 226 DATE DIRECTOR T 22c. PHISICIAN'S 22d ADDRESS NAME (Type

23d LOCATION , City, fown or ounty's

250 REC D BY REGISTRAR

256 REGISTRAR S'S GNATURE

23c NAME OF CEMETERY OR CREMATORY

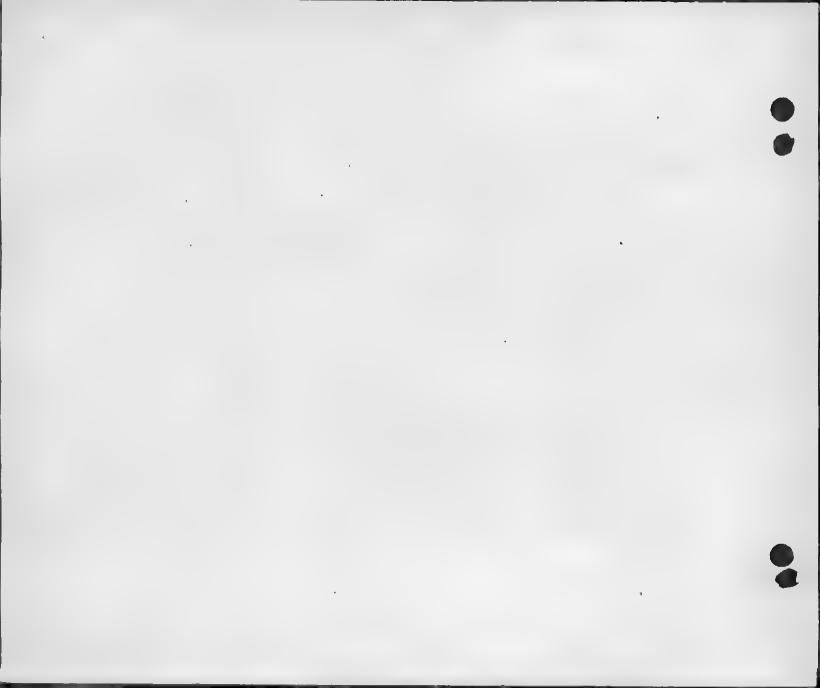
physicii геточе <u>ت</u> bunal-transit crematian, the FUNERAL DIR

684

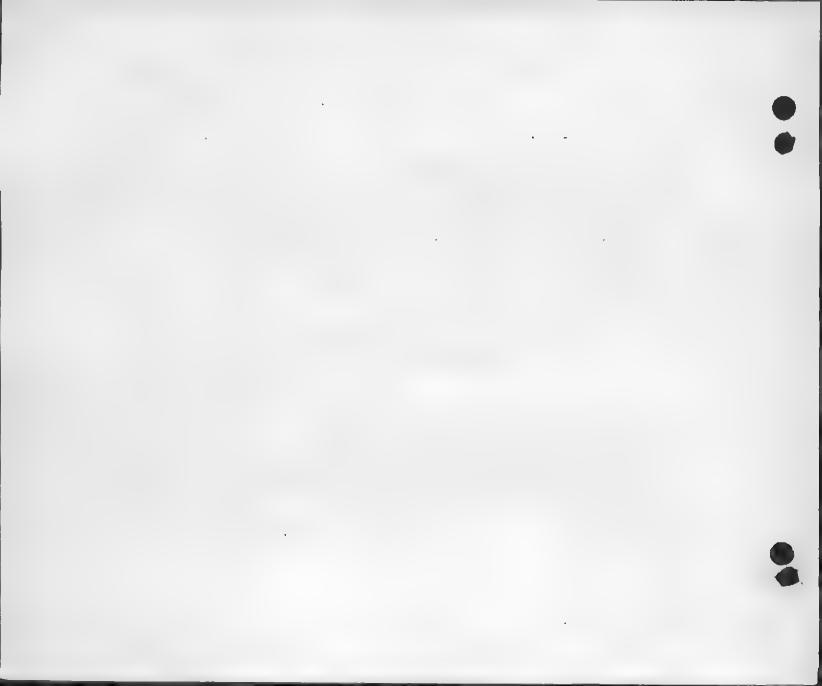
. COUNTY

DECEASED

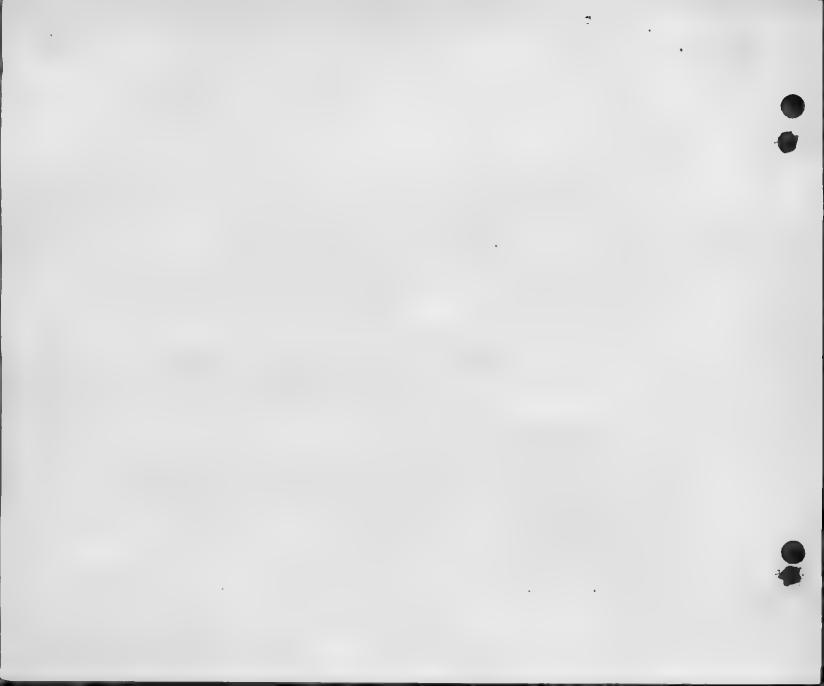
2% BUR AL CREMATION 236 DATE THEREOF



	MARYLAND STATE DEPARTMENT OF HEAL	TH-BALTIMORE, 18
II	5370 CERTIFICATE OF DEA	TH Reg Dist No. (1536)
Poge 4	a COUNTY Dail 4-tmans	Where deceased ived if institution Residence before admission, b COUNTY
T T T T T T T T T T T T T T T T T T T	b CITY OR TOWN (If outside corporate in its write in LENGTH OF STAY IN 16 in CITY OR TOWN ( RURAL and give/nearest tawn)  Pikesv	If austide corporate limits write RURAL and give nearest town)
by the f	d NAME OF HOSPITAL, If not in hospital, give street address) or institution 6612 Deancroft Rd. 6612 Dean	ncroft Rd. S RESIDENCE ON A FARM? YES NO [
24 hg iled in as 1 one	3 NAME OF PRIST Middle Lost UType or print) GUSSIE WEISS	4. DATE Month Doy Year OF DEATH 5/29/61 19
thin oge	5 SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   8 DATE OF B RTH	9 AGE ( n years FUNDER 1 YEAR IF UNDER 24 HRS
d wi	Female White WIDOWED K DIVORCED	last burthday) Months Days Haurs Min
omp omp	10a USLAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (Studening most of working life, even if retired)	ole or fareign country) 12 CITIZEN OF WHAT COUNTRY
o de de	Housewife Home Russ	
a chart	13 FATHER'S NAME	
sicio		nknown
Phy	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or unknown) (If yes, give war or dotes of service)	Address
th ca ding se r		ss - Mt Royal & Maryland Ave.
deol trenc plea v th.	18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) ] PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN IONSET AND DEATH
the of the order	IMMEDIATE CAUSE (a) U. CZETAK GCTORGAT TO THE TOTAL	arkers to the
ev = +	DUE TO	
ony ony	Canditions, if any, which gave rise to immediate (b)	
quir.	couse (a), stating the <u>under</u> DUE TO	
cram cram onsit	Tying couse lost (c)  PART II OTHER SIGNI-ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RM NALD SEASE CONDITION GIVEN IN PART TO, TIP WAS AUTOPS
hysi s be s be val	O TAN I O'REASION EARL CONDITIONS CONTINUES AND TO THE E	PERFORMED?
AN: The	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	in Part I or Part II of Item 18.)
PHYSICI of or other use as t emotion,	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 40e. PLACE OF INJURY (Home, I factory, street, affice bldg., of work of twork 19 at work 19 at wor	form, 20f. (City ar tawn) (Caunty) (State etc.)
Sport For For Sport	21. I certify that I oftended the deceased from 1935, 19 , to	57 77 1967 that I lost sow the decease
Afriched unroll	alive on	2_M, from the causes and an the date stated abov
o et o	1 2 1 1	ADDRESS (Street city of town, staff) DATE SIGNE
	SIGNATURE Multon SKush Mr ND V376	Intantle ex 2016, 1 7%
ret ne ret ne (AL DIR should	PHYSICIAN'S MIL TON B KIRSIT MY	
S 3 3 eggs	220 BUR AL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY	22d LOCATION (City town, or county) (State)
may FU Pogg he r	BURIAL 5/30/61 Chizuk Amuno Comg	Baltimore, Maryland
5 - 5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. R	EC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/58	SOL LEVINSON & BROS INC. 6010 Reist Rd. DATE,	I'M 1 61 Culus of thems



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased I ved, if institution Resident a bound stamps on) b. COUNTY a. COUNTY Baltimore Maryland MARYLAND & LENGTH OF STAY N 16 e. City OR TOWN of outside comporate limits, write RURAL and and are no b. CIYOR JOWN ('flouis de corporale Ilm ts write RURAL and give nearest town) Fort Howard Days Baltimore IS RESIDENCE d. NAME OF HOSP TAL OR INSTITUTION, finot in hospital, give street eddrass d STREET ADDRESS ON A FARM? YES I NO Y 1403 Myrtle Avenue Veterans Administration Hospital completely 3. NAME OF 4. DATE Month OF DECEASED Type or print) DEATH May and cor 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years of UNDER I YEAR IF CHOER & HRS. last birthday) | Months Days W.DOWED X D YORCED Malle Colored October 12. CITIZEN OF WHAT COUNTRY? physician 10a USUAL OCCUPATION Give kind of work 105 KIND OF BUSINESS OR INDUSTRY remove dona during most of working life, even if retired) U.S.Govt.P.O.Dept. New Bern, North Carolina Janitor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please 6 Amos Williams Lettice Gates 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) I (Ifyes give war or dates of service) Clinical Records, VAH, 3900 Loch Raven Blvd. Baltimore 18, Md. FORT HOWARD DIVISION AL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RECENT BRONCHOPNEUMONTA IMMEDIATE CAUSE (e) DUE TO CARCINOMA OF LUNG WITH METASTASIS TO LYMPH NODES Conditions, if env. which? gava rise to immediate cause XXXX (a), stating the underlying ARTERIOSCLEROTIC HEART DISEASE PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6 19. WAL STOPSY CERTIFICATION PERFORMED? NO I BENIGH PROSTATIC HYPERTROPHY 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF DEATH 20b DESCRIBE HOW NULRY OCCURED , Enter neture of mury in Part I or Part II of Ism 18.1 20d, INJURY OCCURRED , 20e, PEACE OF INJURY (Home, farm (County) After 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While _Not While Hour a.m. at work at work 21. I certify that # (this hospita) attended the deceased from March 28 .... 1961 10 May 11 ., 196.L, that (X) (we) last .1962 , and that death occurred at 35M, from the causes and on the date stated above. saw the deceased a ive on Max. 226. DATE 22a SIGNATURE SIGNED ATTENDING STAFF 61 PHYS. DIRECTOR PHYS. 22d. ADDRESS CRAHAN, M.D. VAH BALTO 10 MD. FT HOWARD DIVISION 23c NAME OF CEMETERY OR CREMATORY (State) 1 23d. LOCATION (City, fown or county) 238 BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Spacify) 0 Removal 25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Clashing 8 15M 9/60 Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17,Md.



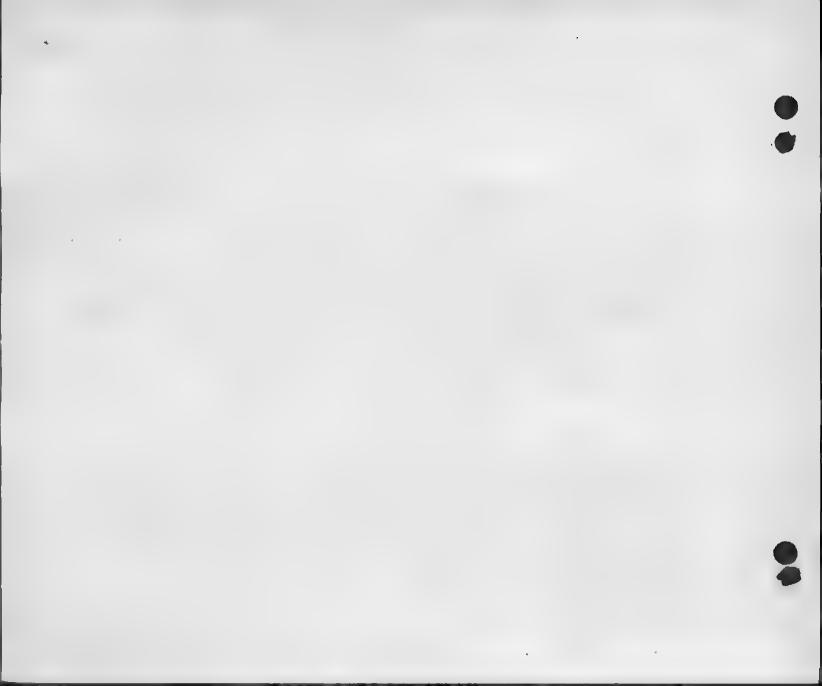
- 19	F #3				Reg. Dist. No. (*				
	1 PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	Residence before admission)				
1	• COLNTY Baltimore	MARYLAND	o state hary)	land b COUNTY	mince veor e				
	b CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	C CITY OR TOWN (for	utside corporate limits, write RUR					
	RURAL and give neorest town	days	Takoma Park	k, Mary Land	11				
	d NAME OF HOSPITAL (If not in haspital, give street o	ddress)	d. STREET ADDRESS		e. IS RESIDENCE				
	STORY GROW, ST. T. HOT	TTAL	6575 Dist	tem Avenue	ON A FARM?				
	3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year				
	(Type or print) William	В.	Williams	DEATH LEY	24 19 6]				
i	5 SEX 6. COLOR OR RACE 7 MARRI	ED 🖪 NEVER MARRIED 🗌	B DATE OF BIRTH		FUNDER I YEAR IF UNDER 2. HPS				
i	male white widowing	D DIYORCED _	May 1, 1.78	33 m	Manths L Doys Hours Min				
į	100 USUAL OCCUPATION (Give kind of work done 10b & during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTR				
i	f rm.r	farming	3ou th	Car lina	5. 5. A.				
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME					
L	Williams		Nancy ke	cAllister					
- 1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S (Yes no or unknown)   (if yes, give war or dates of service)	SOCIAL SECURITY NO 17 II	FORMANT	Address					
	_unknewn	unknown Re	cords: SPRI	NG GROVE STAT	E HOSHITAL				
	18. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c) ]			INTERVAL BETWEEN ONSET AND DEATH				
	PART I DEATH WAS CAUSED BY Rupture of abdominal aneurysm								
	DUE TO								
	Conditions, if ony, which Arteriosclerosis, Severa								
	gove rise to immediate DUE TO								
	lying couse lost. (c)								
	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAT DISEASE CONDITION GIVEN	PERFORMED?				
	2				YES 🔀 NO 🗆				
	200 ACCIDENT WAS UNDERLYING 200 DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURREE	Enter noture of in ery in P	ort I or Port II of Hem 18.)					
	3 20c. TIME OF INJURY Month, Day, Year 20d IN	LURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State				
	20c. TIME OF INJURY Month, Day, Year 20d IN Hour e m. While of work	Not while too	tory, street, office bldg., etc.	1					
	21. I certify that I attended the deceased from May 8, 1961 8:15 hay 21, 19 01, that I last saw the decease								
			occurred at 8:15	M from the course on	d on the date stated above				
			occurred di	ADDRESS (Street, city or town, sto	of the dute stored door				
	SIGNATURE 3 1 1	notes De.			DE 1 L 8-24-6				
		1							
	PHYSICIAN'S Stella Wachs	ler, M. D.	Catons vi	lle 20, kr, im	d				
	220 BURIAL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OF		22d LOCATION (City fown or o					
	REMOVAL (Specify) Burial May 27, 1961	Gate of Heav	en	Silver Spring	Marrel and				
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 746 REGIST	AR'S 5 GNATURE				
	W. W. CHAMBERS CO.,	Riverdale, Mar	ryland, DATE	1 3 3 761	2 2 2 2 2 2 2				

may be refered. The hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs ofter death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24

the foreral director, should be filed with

VS A15 (4) 15M 10/57



RTIFICATE OF DEATH 2 USUAL RESIDENCE, Where deceased lived If institution Residence before admission; 1 PLACE OF DEATH b. COUNTY Balti a COUNTY " Maryland MARYLAND Baltimore. b CITY OR TOWN if outside corporate limits, write in LENGTH OF STAY IN 1b. c. C.TY OR TOWN (if outside corporate limits, write RURAL and give nearest town RURAL and give nearest town). Baltimore Haryland Years d. NAME OF HOSPITAL ilf not in hospital, give street address, d STREET ADDRESS E IS RES DENCE ON A FARM? Bonner Rd. Garrison LYVS! NO [ Preshvterian Home I NAME OF 4. DATE M.dd.e Manth DECEASED DEATH (Type or print) Jane Winterburn 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X 9 AGE fin years FUNDER YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH Jas! birthday | Months | Days | Hours | Min DIVORCED | Sept. WIDOWED | Female poper 10a US JAL OCCUPATION (Give kind of work done) 0b KIND OF BUSINESS OR INDUSTRY 1) 8 RTHPLACE (State or fareign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life even if retired) Yorkshire, England 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Marshall Richard Winterburn IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 37 INFORMANT Address (if yes, give wor or dates of service) Twilah E. Elliott Presbyter' in nome 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebral Thrombosis 5 days MMED ATE CAUSE (a) DUE TO Generalized Arteriosclerosis igned by permit. Conditions, if any, which vears gave rise to immediate **DUE TO** cause (a), stating the underburial-transit lying couse lost. PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAUDISEASE CONDITION GIVEN IN PART To 19 WAS AUTOPSY cremotion, PERFORMED? YES NO 2 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Lafillem 18) He (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TMF OF N.URY Month, Day, Year 20e PLACE OF NJURY (Hame form, 20f (City or town) 20d INJURY OCCURRED (State) .Caunty1 factory, street, affice bldg., etc.) Haur a m. While Not while at work at work 21 1 certify that (1) (thy composite attended the deceased from _____January_. 1958 . to May 6 _____ 19.61 that (I) ( ack iast saw the deceased alive an Play 3 19 61 and that death accurred of 15 M. From the causes and an the date stated above 226 SIGNATURE ATTENDING PHYS DIRECTOR PHYS | Boord pluo 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 7215 York Road, Baltimore 12, Maryland Sidney J. Venable, Jr. M.D. 250 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town or county State page the Sk REMOVAL (Specify) | | Woodland. Baltimore Loriane Park Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25b REG STRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR VR A15 (4) John O. Mitchell & Sons Inc. DATE MAY 1 0 '61 a -ina lum 1900 Eutaw Place Balto. 17. Md.

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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased I ved. If institution. Residence before admission. 6 COUNTY c. CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town) SIRE LOENCE ON A FARM TEST NO IST MAY 196 9 AGE (In years IF UNDER I YEAR IF JINDER 24 HES lost birthday) Months Days 112 CITIZEN OF WHAT COUNTRY? 4514 EMMA M. ADAM 3423 Hudsonier Rull NTERVAL BETWEEN ONSET AND DEATH CEREBRAL ARTERIOSCLEROIIS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY PERFORMED? YES NO T (County) (State) 196/ that I last sow the deceased and that death occurred at 2.45 A.M., from the couses and on the date stated above. ADDRESS (Street, city or lown, state) HOSP ITAL STATE 22d LOCATION (City, fawn, or county) (State) 7401 (TERMAN 246 REGISTRAR'S SIGNATURE DATEAY 1 o '61 when yourse



move Ö

VS A15 (4)

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		5076	CERT	IFICA	ATE OF DEATH		Reg. Dist. No.	11 368
1.	PLACE OF DEATH O COUNTY	Baltimore	MAR	YLAND	2 USUAL RESIDENCE (WHO STATE Mary	ere deceased I ved the institution b. COUNTY	on Residence befor	e admission)
	b. C TY OR TOWN (IN RURAL and give ne Cat ons vi)		6 c length of star		c. CITY OR TOWN (If a. Baltimor	utside corporate limits, write RI	JRAL and give near	rest town)
	SPRING GR	AL (If not in baspital, give C VE STATE	e street oddress) HOSPIT AL		d STREET ADDRESS 1918 Rid	gehill Avenue	Į.	ON A FARV
3	NAME OF DECEASED (Type or print)	lola	Blanche	-	loodring	4. DATE Mont		Yeor 61
5	sex female	2.2.1	MARRIED NEVER MARR		8 DATE OF BIRTH NOV. 2, 1908	Laure & South States	Manths Doys	
10	during most of wark	ON (Give kind of work do ing life, even if retired) OUSEWORK	ne 10b KIND OF BUSINESS	OR NOU	Pennsylv		U. S.	A.
13	FATHER'S NAME	Woodring			14 MOTHER'S MAIDEN N	AME Frances S	chendle	decker
		R IN U. S. ARMED FORCE III yes, give war ar dates of serv	57 16 SOCIAL SECURITY NO		NFORMANT POCTUS: SPRIN	Addi	ess	
		TH WAS CAUSED BY:	e per ine for (0), (b), and (c) Cardiac fai					RVAL BETWEEN ET AND DEATH
	Cand tions, if an	IMMEDIATE CAUSE (o)_ DUE TO			c cardiovascu)	1-n dia		
	gave rise to in couse (a), sloting (	nmediate DUE TO	AT OCT TOROTE	1001	Cardiov ascu.	rar draease		
NO TACK	PART I OTH	(c)_ IER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(o)	PERFORMED? YES NO K
CERT	OR CONTRIBUTING	S JINDERLYING [] 21 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY (	OCCURRE	D. (Enter nature of injury in P	ort I ar Port II of item IB }		
MEDICAL	20c. TIME OF INJURY Have a.m. p. m.	Y Manth, Day, Year 19	20d INJURY OCCURRED While Not white of work of work	20e PL/ for	ACE OF INJURY (Home, form, fary, street, office bldg., etc.)	20f (City or town)	(County)	(Slote)
	21, I certify the	at Lattended the a	leceased from April		19.55, to Ma occurred at 7:25a	y 9 , 1961 LM, from the causes a	"that I last sa	w the decease

Si'RJ'IG

GRO E STATE HOS TTAL

Baltimore, Maryland

- at S. House

22d. LOCATION (City town, or county)

24a. REC'D BY REG STRAR 246 REGISTRAR S S GNATURE

Catonsville 28, laryland

DATE STATE OF

requires that the death certificate be executed within 24

attending physician and completely filled in please remove carbon papers. Lages 1 within 72 hours after death.

the registror may be ret

PHYSICIAN'S NAME (Type)

220 BURIAL, CREMATION, 226 DATE THEREOF BURIAL 5/12/61

Burial 5/12/61
23 FUNERAL DIRECTOR'S SIGNATURE

Stella Wachsler, M. D.

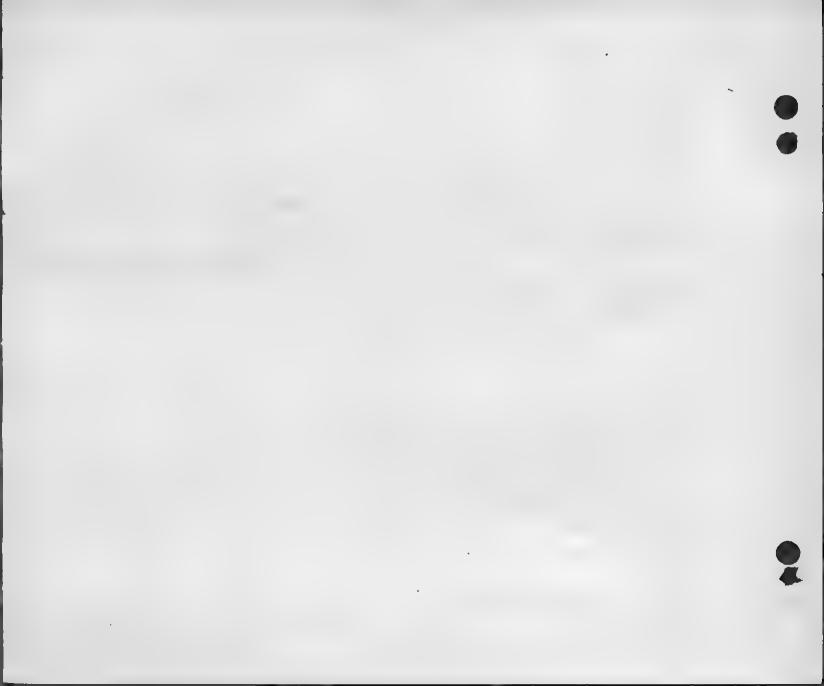
Howard H. Hubbard 4107 Wilkens Avenue

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Loudon Park Cemetery

VS A15 (4) 15M 10/57



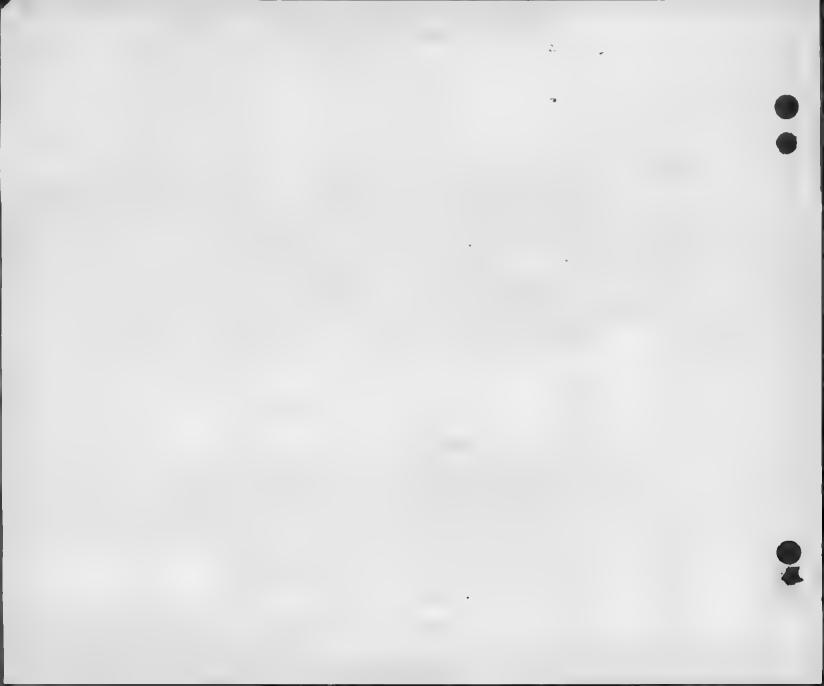
y, please ever crematian, TO DEPUT ASSISTANCE EXAMINER: This certificate should be executed within 24 hours after death. If any delp 2: next and cute the content of within the world "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral content of forwarded to Chief Medical Examiner's Office along with farm EM3. Page 5 may be retained for your find.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar grian to burial. or removal.

VS. A15ME(5)

5M 9/55

		MARYL	AND !	STATE DEPAR	TME	NT OF HEAL	TH-BA	LTIMORE, 1	18	
	۲۵	7~ ME	DICA	L EXAMIN	ER'S	CERTIFICA	ATE O	DEATH	Reg. Dist.	Not FORT
	PLACE OF DEATH 0. COUNTY	Tal-thor	2	Daltinor	/LAND	2. USUAL RESIDENCE 0. STATE	(Where dece	ased lived. If Institut b. COUNTY	ion: Residente	and the transfer of the transf
	b. CITY OR TOWN (If and give negret town)	autide corporate limits, writ	e RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside co	orporate limits, write	RURAL and gi	ve accrest town)
		27 7 L7 90 49				7 7 10	1 1			
	d. NAME OF HOSPITA	AL OR INSTITUTION (	if not in ho	spital, give street oddre	15)	d. STREET ADDRESS	5			e. S RESIDENCE ON A FARM? YES TO NO F
-	NAME OF	Fir		Middle		Lord	4. DATE			
	DECEASED (Type or print)			אוססואי מראן מיין די ה		1102	OF DEATH	Manth 1 1000	21	Pay Year 19 / T
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years lost birthday)		AR IF UNDER 24 HR
	7 7 0	1,234.	WIDOWE	D DIVORCED		Jan . C.I	017	reg yrs.	Months Day	ys Hours Min.
100	. USUAL OCCUPATIO	In (Give kind of work g life, even if retired)	dane 10b.	KIND OF BUSINESS OR	INDUSTR			country)		OF WHAT COUNTR
_		3 17	7	<u> </u>		7° -710			Trece	4.5
13.	FATHER'S NAME	iro Maria	*			14. MOTHER'S MAIDEN	N NAME , .	), T ₁		
15.	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
{Yo	i. no, or unknown)	(If yes, give war or dates of	service)						,	
F	18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (a), (b), and (c).						MEST IN APRILL
	PART I. DEATH WAS CAUSED BY:									
	IMMEDIATE CAUSE (o)  Due TO									
	Conditions, if a									
	gave rise to immed	ligte couse								
	(o), stating the v	inderlying (c	,	a trobboses						
CATION	PART II, OTH	111		ONTRIBUTING TO DEAT		OT RELATED TO THE TER	RMINALDISEA	SE CONDITION GIVE	EN IN PART I	g, 19 WAS AUTOPSY PERFORMED? YES NO T
CERTIFIC	20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	TRIBUTING []	b. DESCRIB	E HOW INJURY OCCU	RRED (En	ler nature of injury in f	Port I ar Port	II of item 18.)		
MEDICAL O	20c. TIME OF INJUR	Y Month, Day, Yes	White	INJURY OCCURRED   2  B Not white   1	Oa. PLAC	E OF INJURY (Home, for	orm, 20f. (C	ty or town)	(County	(Store)
-		at I took charge		remains describe	d abay	e, held an Autai	nsv 🗀	Inspection [7]	Inquiry	and find th
			_	, Accident					- 4	
	dedili resolica	1 1		7	, 5010	ide [_], Holliel	06 [, ,	or determined ci	003e	
	ACTUAL SIGNATURE	Lev M	UK	ceffer		M.D. CHIEF MEDICAL	EXAMINER [			DATE SIGNED
	EXAMINER'S NAME (Type)		20			ASSISTANT MEDICA			7	71.00 77.00
220		N. 276. DATE THEREO	)F	22c. NAME OF CEMET	ERY OR C			ATION (City, town, o	r county)	'State]
	REMOVAL (Specify)	KVW 5/	20/6	1		k Cemeter				
-	FUNERAL DIRECTOR	S SIGNATURE	<u> </u>	ADDRESS	_i ai		C'D BY REGI		TRAR'S SIGNA	
F	Howard H.	, Hubbard	410	7 Wilkens	Ave	enue DATE	ent 2	16.1	man L.	





15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where decessed lived, If institutions Residence belong admission) **b.** COUNTY ON A FARM? YES TON TREE Month 19 9 AGE (In yeers IF UNDER 1 YEAR IF M . "4 HRS last birthday) Months Days Hours

U. S. A.

Address Clinical Records, VAH, Baltimore 18, Maryland

INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE - RETICULUM CELL SARCOMA INVOLVING THE LEFT ILLAC XXX AND PERIAORTIC LYMPH NODES, BOTH LUNGS AND THE YEARS

PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE LONDIL ON GIVEN N.P. RT. . 19 WAS A JUBSY YES X NO

PERFORMED?

1901, that (1) (we) last 19 61, and that death occurred a 2:19M, from the causes and on the date stated above 226 DATE

61 GNED

28, Maryland

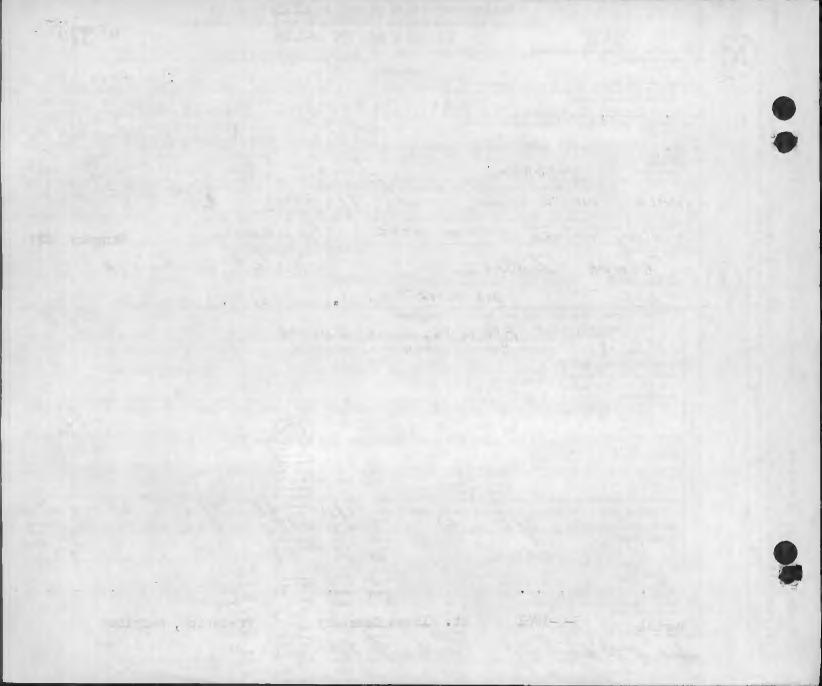
256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Leonard J. Ruck& Sons, 5305 Harford Rd. Balto. 14DATE JUN 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 05372 CERTIFICATE OF DEATH Item 2 Film G256 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND Roltinore b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give acores) (04th) 01 c. LENGTH OF STAY IN 16 RURAL and give negrest (gwn) live-in personne. Wilson Nameland e IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM INDO BOND NURSING "Hleon State Hospita" 3. NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH Pages (Type ar print) 19 6 FUNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOME NURSING LAUNDRY CINGAR VVORKE carban hin 72 ha Bnd Hungary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physicin IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Records. Mt. Wilson State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)=1-ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. -transit has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? burial NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) 20a. ACCIDENT WAS UNDERLYING [ certificate OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f, (City or town) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while. of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram.__ 19/2/ that (I) (we) last , and that death accurred at 2 saw the deceased alive an ____ M, from the causes and on the date stated above O. 22o. SIGNATURE 22b DATE SIGNED O FUNERAL DIRECT M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) Mercomer M.D. Superintendent Wilson State Hosoit 230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) page the St REMOVAL (Specify) Mt. Olivet Cemetery Burial Maryland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Orling S. Krush

VR A1S (4) 15M 9/59



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

65272

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Reg.	Dist.	No.	

Conday & they

000	J		CERTIFICA	ATE OF DEA	VIH		Reg. D	ist. No.	. v. o	10
I. PLACE OF DEATH  O COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE	(Where decease	d lived. If institution b COUNTY		nes befo		ian)
RURAL ond give no	If autside corporate limearest lown)	ils, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write R	URAL ond	give nec	irest town	4]
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital,	Table 1		d STREET ADDRES		et. Ave.				FARM?
3. NAME OF DECEASED (Type or print)	PAUL	ZIRMBA	Middle	Lost	4. DAYE OF DEATH	Mon		Da	,	Yeor 19 67
s. sex Male	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1892	9. AGE (In years lost birthday)	Manths Manths	Doys Doys	Hours	Min.
Pipe Strai	king life, even it relifed	done 10b. KIND O		STRY 11. BIRTHPLACE (S	State or foreign o	ountry)		TIZEN O		COUNT
13. FATHER'S NAME	seph Ziemb	1		14. MOTHER'S MAID	en name Vo itowic	EP.				
15. WAS DECEASED EVE (Yes no or unknown)	R IN U. S. ARMED FOI (II yes, give wor or dores of	service)		nformant Glen Ziemba	Same	Add	ress			
Conditions, if a gave rise to i couse (a), stating tying couse lost.	mmediate (		er ascar	ic gulum	onary c	Tes Ceno	na		6	170
E 200 ACCIDENT WA	AS UNDERLYING []		A AMERICAN	NOT RELATED TO THE TO			EN IN PAI	RT 1(a) 1	PERFO	AUTOPS'
	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye  19	While No	OCCURRED 20e. PL at white work	ACE OF INJURY (Hame, clary, street, affice bldg.	form, 20f. (Cit)	r ar town)	(	(County)		(Stote
21. I certify the alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	12 61 Patt	m S/C	, 1961, to occurred at 9	Easte	n the causes a treet, city or town, And Carl	nd on t			
270. BURIAL, CREMATIO REMOVAL (Specify)			name of Cemetery o	R CREMATORY		HON (City town, o		avle)	(State	e}
23 FUNERAL DIRECTOR	S SIGNATURE		DORESS		RECD BY REGIST	IRAR 24b. REGIS		GNATUR	E	

Emindeingly Tion astern Ave

DATE

TO HOSP TOR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be it and the hospital arratement physician.

TO FUNERAL DIRECTR. After this certificate has been signed by the attending physician and completely filled they the found in contractor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should lie filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

Poge 4

VS A15 (4) 15M 10/57

